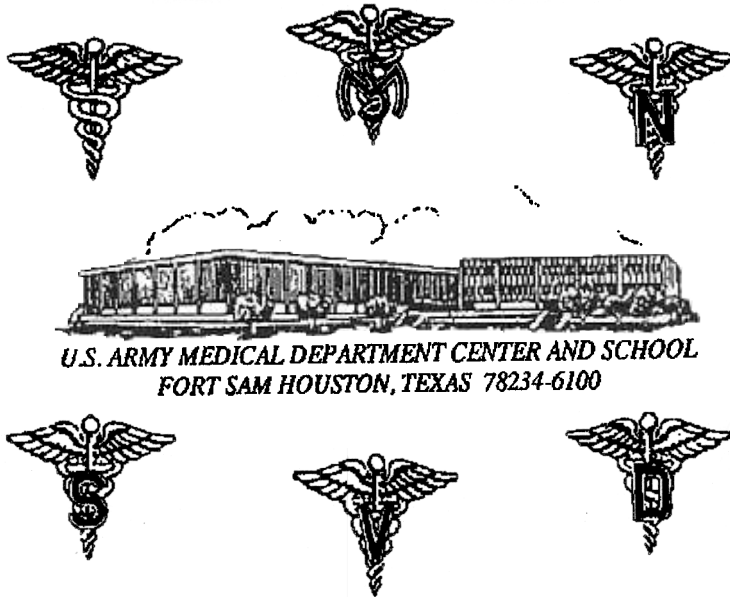




THE UNITED STATES
ARMY
MEDICAL
DEPARTMENT

**STUDENT DETACHMENT
HANDBOOK**



*U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
FORT SAM HOUSTON, TEXAS 78234-6100*

DEPARTMENT OF THE ARMY
U.S. Army Medical Department Center and School
2250 Stanley Road
Fort Sam Houston, Texas 78234-6100

Pamphlet
Number 1-3

17 February

Administration
HANDBOOK FOR STUDENTS

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Chapter 1

General Information

1-1. Welcome

a. Welcome to the Army Medical Department (AMEDD) Student Detachment (ASD)! We, the staff, congratulate you on having been selected to participate in a special education program as part of your professional development. The assignment on which you are embarking will be unique in many respects; but most importantly, it will be unique because you will be in a non-Army environment for a period of time.

b. While you are in school, you will be assigned to the Army Medical Department Student Detachment, U.S. Army Medical Department Center and School (AMEDDC&S), Fort Sam Houston, Texas 78234-6182. You will be geographically separated from your personnel and finance records. All finance support will be provided by the Defense and Accounting Office (DAO), Fort Sam Houston, Texas. Your educational support will be provided by The Surgeon General's Office. The ASD is your link to those supporting activities. We function as your unit level Personnel Administration Center as well as your installation Personnel Service Center. Our primary mission is to make your upcoming tour as free of problems as possible.

1-2. Purpose. This handbook has been prepared to help you answer many procedural and administrative questions that may arise because you are geographically separated from your unit of assignment. Its value is determined by the way you use it. We ask that you read through the handbook now and keep it handy. When you have a question or problem, refer to this handbook before either calling or writing to us. This will save you time and it will enable us to better serve your needs.

1-3. Scope. Policies and procedures apply to all students assigned to the ASD, unless stated otherwise.

1-4. Army Responsibilities.

a. The ASD is a subordinate element of the Director of Personnel, AMEDDC&S, Fort Sam Houston, Texas and is responsible for the command and control of the detachment. The ASD coordinates all actions; to include pay, personnel administration, medical/dental care, travel, and educational support for all students assigned to the detachment.

b. The ASD processes all personnel actions, maintains the Military Personnel Records Jacket (DA Form 201), prepares academic evaluation reports (AERs), and issues permanent change of station (PCS) and TDY orders. The ASD will notify students of impending promotion boards, provide Office Records Briefs for update, and notify students of board results.

c. The Directorate of Resource Management, AMEDDC&S is responsible for fund control/payment of tuition, textbooks, and supplies for fully funded students.

d. The DAO, Fort Sam Houston, Texas, acts on all finance matters for students assigned to the ASD.

e. The Health Services Division, Total Army Personnel Command (PERSCOM) selects, assigns, and monitors the training of all officers and warrant officers assigned to the ASD. The Health Professional Support Activity, Office of The Surgeon General, selects, assigns, and monitors the training of all enlisted personnel assigned to the ASD.

f. The Health Education and Training Division, Office of The Surgeon General, approves funds for contracts, to include tuition and fees for fully funded students, and all student TDYs in accordance with AR 351-3 (Professional Education and Training Programs of the AMEDD).

g. The following addresses and phone numbers will aid you in reaching the right office to assist you with areas of concern that may come up during your tour of duty.

ADDRESSES AND TELEPHONE NUMBERS

STUDENT DETACHMENT

Mailing Address: Director of Personnel
AMEDD Student Detachment
CDR, U.S. Army Medical Department Center and School
2250 Stanley Road
Fort Sam Houston, TX 78234-6182

Phone Numbers: Commercial: (210) 221-6154/6161/6371/8325
DSN: 471-6154/6161/6371/8375
FAX: Commercial 210-221-8509, DSN: 471-8509

(NOTE) Commercial telephone calls are at the expense of the student. Collect calls CANNOT be accepted. You are asked NOT to call directly to the Fort Sam Houston Finance and Accounting Office concerning pay problems. You should call the ASD and let the staff resolve your problem.

1-800-531-1114--You may call the Fort Sam 1-800 number and ask for our extension "as official business"--this number is often busy.

CORPS EDUCATION BRANCHES

Except for the Medical Service Corps and Nurse Corps address, all correspondence for your education advisors are as follows:

Commander
U.S. Army Health Professional Support Activity
ATTN: (See below)
5109 Leesburg Pike
Falls Church, VA 22041-3258

Medical Corps:	SGPS-EDM	COMM: (703) 756-8036	DSN	289-8036
Dental Corps:	SGPS-EDD	COMM: (703) 766-8315	DSN	289-8315
Med Specialist Corps:	SGPS-EDF	COMM: (703) 756-8277	DSN	289-8277
Veterinary Corps:	SGPS-EDF	COMM: (703) 756-8277	DSN	289-8277

Correspondence for the Medical Service Corps and Nurse Corps should be addressed as follows:

Commander	COMM: (703) 325-2340	DSN	221-2340	Army Nurse Corps
U.S. Army PERSCOM				TAPC-OPH-AN
ATTN: (See below)				2330/2331
200 Stovall Street	MSC TAPC-OPH-MS			
Alexandria, VA 22332-0417	AN TAPC OPH-AN			

1-5. Your Responsibilities

a. Student Handbook. All students assigned to the ASD must follow the guidance provided in this handbook.

b. Full-time Student. As a full-time student, you must devote full-time to your academic studies. Therefore, business activities must be restricted as outlined in AR 600-50 (Standards of Conduct for Department of the Army Personnel). These include being paid to teach or to assist a professor. Professional (military) activities such as speeches and personal appearances will be limited to those which are directly related to your academic studies. Questions concerning potential conflicts of interest should be directed to the Commander, ASD.

c. Part-time Employment. In accordance with AR 40-1, students in long-term civilian education programs are prohibited from engaging in off-duty remunerative professional employment. No exceptions will be granted.

d. Personal Appearance. The Army is a uniformed service. A neat and well-groomed appearance is fundamental and contributes to building the pride and esprit essential to an effective military force. While you are attending school, you are expected to maintain a soldierly appearance in accordance with AR 670-1. You are expected to maintain an appropriate level of physical fitness and maintain acceptable weight standards in accordance with AR 600-9. It is incumbent upon you to participate in any available Army Physical Fitness Test at or near your training location and ensure that the results are annotated on your AER. Officers who apply for additional professional training beyond the current program must be in compliance with the physical fitness requirements. In this regard, if you are applying for further training, you are required to meet acceptable weight standards and to successfully complete the Army Physical Fitness Test. It is your responsibility to ensure current data are

provided with your application. Enlisted students enrolled in the AMEDD Enlisted Commissioning Program will be required to pass a physical exam prior to commissioning.

e. Uniform Requirements. Wearing your uniform to class is optional.

f. Address and Telephone Number. You must provide the ASD with a mailing address and telephone number where you can be reached in compliance with the provisions of the Privacy Act of 1976. This information will be used for official purposes only and will not be shared with outside agencies or individuals without your permission.

g. If there is a Professor of Military Science (PMS) at the school you are attending, report to him or her in person within two weeks of your arrival. The PMS is not responsible for your administration, however, reporting alerts the ROTC unit of your presence and enables them to assist you should there be a need. The Unit Fund includes you as a member of the ROTC unit during your school assignment. Adhere to local customs concerning courtesy calls on institutional authorities.

Chapter 2

In-processing

2-1. Administrative. This chapter provides instructions on what you should do before leaving your present duty station, reporting for duty, and administrative processing. Your adherence to these instructions will eliminate many of the in-processing delays that often result from a permanent change of station. If you need more guidance, contact the ASD.

2-2. Before You Leave. Before you leave your present duty station:

a. Review your reassignment orders to ensure all information is correct and complete. Orders **MUST** reflect:

(1) Assigned to: Army Medical Department Student Detachment (W3VZ6A), Fort Sam Houston, TX, with duty station (name and location of school or training agency).

(2) Report date: Not-earlier-than (NET) 10 days prior to the first day of class or last day of late registration, whichever is earlier.

(3) Service obligation: The obligation incurred for your training program should be stated in your orders.

(4) The following information: Period of study, degree to be awarded and discipline or major course of study (if applicable), and a statement indicating if the schooling is fully funded or partially funded at no expense to the government (civilian schooling only).

b. If your orders do not contain all of the above items, immediately contact your losing personnel office for an amendment to your orders. If this information is missing or wrong, your in-processing will be delayed.

c. Send one copy of your orders, and any amendments, to the Director of Personnel, AMEDD Student Detachment, CDR, AMEDDC&S, 2250 Stanley Road, Fort Sam Houston, TX 78234-6182, immediately

d. Update all records and:

(1) Get a current official photograph and ensure copies are sent to PERSCOM (officers only).

(2) Get a current physical, if required, and ensure that it is properly posted in your records (officers only).

(3) Update your Officer Record Brief (ORB) within 30 days of your departure (officers only).

(4) Ensure copies of all required documents are sent to your branch to update your official military personnel file (OMPF) before reassignment to the ASD (officers only).

(5) Ensure any required dental care is accomplished

e. Review your DA Form 31 (Request and Authority for Leave). In accordance with AR 630-5, you must be issued a PCS DA Form 31 before departing. Blocks 18, 19, and 20 of the DA Form 31 must be completed by your losing personnel center. If you do not want to take leave en route, do not leave your current unit earlier than the NET date specified in your orders, minus authorized travel time. You should contact your local travel office to determine your authorized travel time.

f. If you are being assigned to a school in the CONUS where government housing may be available, ensure that either a DA Form 4787 (Reassignment Processing) (for Army housing only) or DD Form 1746 (Application for Family Housing) (for other services' housing) is completed and sent to the housing office having geographical responsibility for your new duty station. If you plan to buy a house through the VA and a DD Form 1747 is required, contact the housing office nearest your new duty station for a completed DD Form 1747. If your new duty station is within a one-hour commute or is less than 30 miles from the nearest military installation, you may be required to accept government quarters. If you are married, you are required to contact the family housing office nearest your new duty station before buying or leasing a residence. The decision on whether or not you live in government quarters is the responsibility of the local housing office. Single personnel are authorized to reside off-post regardless of the availability of quarters.

g. Ensure following items are out-processed and in your possession before you leave:

(1) MPRJ (DA Form 201), to include an ORB for officers, PCS DA 31.

(2) Medical and Dental Records for yourself. These records will be kept by the nearest military medical facility from which you receive treatment. If no military medical facility is available, keep the records on your on.

(3) Individual Flight Records (DA Form 3513 (applies to aviators only)).

(4) Termination of government quarters statement if quarters were occupied.

h. Professional Credentials files for Medical Corps personnel will be forwarded to Office of The Surgeon General, ATTN: SGPS-PSQ, 5109 Leesburg Pike, Falls Church, VA 22041-3258.

i. Review your personal finances:

(1) See if advanced travel pay is needed. Reimbursement for PCS travel and dislocation allowance may require four to six weeks processing time after documents are received and transmitted for computation. You are authorized either advance travel pay or the issuance of transportation requests (TRs). Request advance travel before you leave your present duty station.

(2) Is advance dependent travel pay needed? Advance dependent travel pay is not authorized if TRs are issued for your dependents. Advances must be paid before your departure.

(3) Is advance pay needed? You may be authorized payment not to exceed one-month advance pay before you depart your old duty station and payment not to exceed two month's pay within 60 days of your reporting to the ASD. If you do not physically move, you are not entitled to an advance pay. Normally, advance pay will be prorated over 12 months. Advance pay cannot be paid while you are en route. It is recommended that single students drawing BAQ/Variable Housing Allowance (VHA) apply for advance pay since all BAQ and VHA will be stopped when they leave their present duty station and will not be reinstated until after their in-processing has been completed by the ASD. Advance pay must be fully justified. It cannot be used to defray school costs but only to defray actual costs of a PCS move.

(4) Have you made the necessary changes for your end-of-month and mid-month checks? Although your military pay should continue while you are en route, it may be temporarily held in accrual until after you have reported to duty at ASD. This accrual could include any allotments you might have. If you are near a U.S. Army military installation, you can have the finance office verify that your pay is not in accrual before you start writing checks. If not near a military installation, call the ASD for assistance. Accrual normally occurs only if 90 days has expired between departure of your old duty station and your arrival at the ASD.

j. If you are planning a Do-It-Yourself (DITY) move, contact the local transportation office for documents and instructions. For further information on DITY moves, see paragraph 2-11d.

k. You may be eligible for Temporary Lodging Expense (TLE) during this move. For further information on TLE, see para 2-9b and have your departing finance office provide you with the latest information.

2-3. In-processing Packet. This handbook and the enclosed forms make up your In-processing Packet. Some of the forms will be needed for in-processing; the others should be kept for future use while assigned to the ASD. Your packet includes the following forms:

- a. In-processing information memorandum.
- b. Request Authority for Leave (DA Form 31).
- c. Officer Assignment Preference Statement (DA Form 483).
- d. Personnel Register (DA Form 647-1).
- e. Authorization to Start, Stop, or Change an Allotment for Active Duty or Retired Personnel (DD Form 2558).
- f. Report to Training Agency (DA Form 2125)
- g. JUMPS-JSS Pay Elections (DA Form 3685-R)
- h. Application for Professional Training (DA Form 3838) (officers only).
- i. Record of Emergency Data (DD Form 93).
- j. Travel Voucher or Subvoucher (DD Form 1351-2).
- k. Voucher or Claim for Dependent Travel and Dislocation or Trailer Allowance (DD Form 1351-4).
- l. Public Voucher for Purchases and Services Other than Personal (SF 1034).
- m. Public Voucher for Purchases and Services Other than Personal (Continuation) (SF 1035).
- n. Advance Pay Certification/Authorization (DD Form 2560).
- o. Authorization to Start, Stop, or Change Basic Allowance for Quarters (BAQ)/Variable Housing Allowance (VHA) (DA Form 5960).

p. Servicemen's Group Life Insurance Election (SGLV Form 8286).

q. Direct Deposit Sign-up Form (SF 1199A)

r. Savings Bond Allotment Authorization/Active Duty or Retired Pay (DD Form 2559).

s. Uniformed Services Active Duty Dependent Dental Plan (DDP) Enrollment Election (DD Form 2494).

2-4. Methods of In-processing.

a. In Person Processing. You may report in person to the ASD located in building 2841, room 0404B, of the AMEDDC&S, Fort Sam Houston, Texas, en route to your new duty station. You WILL NOT be authorized additional travel time or reimbursement for this travel. In-processing cannot be completed until you have physically reached your new duty station, however, ASD and Finance personnel will help you complete the required forms. Please notify the ASD in advance if you intend to come to the Detachment for in-processing.

b. Mail In-processing. Complete and mail all required documents with your records not later than five days after your reporting date IAW the in-processing procedures listed below. In-processing will not be started until all required documents and records have been received by the ASD. We recommend you mail your records by Certified Mail, Return Receipt Requested, for security purposes. Mailing costs are your responsibility.

2-5. Reporting Procedures. Sign-in is accomplished through the use of the DA Form 647-1. You are not authorized to sign in earlier than the reporting date specified in your orders.

2-6. In-processing Procedures. The following paragraphs will provide you with all necessary information and instructions to complete in-processing. Your in-processing should be accomplished in four parts: Records and related documents, Personnel, Finance and Pay Documents, and Travel. All forms required to complete your in-processing have been provided in the In-processing Packet along with this Handbook. After you read through these procedures, please feel free to contact the ASD for any questions or further assistance. Upon completing and assembling the documents requested, mail all documents and records to the CDR, Director of Personnel, AMEDD Student Detachment, CDR, AMEDDC&S 2250 Stanley Road, Fort Sam Houston, TX 78234-6182.

Records and Related Documents Required for In-processing.

- a. You are required to send your DA Form 201, and for officers, an ORB, to the ASD.
- b. You are required to send your Payroll Suspense Documents Envelope (DA Form 2356) to the ASD.
- c. Individual Flight Records (DA Form 3513), if applicable. All flight records are maintained by the Fort Sam Houston Flight Detachment. Attachment orders to the Flight Detachment will be sent to you when they are finalized.
- d. Permanent Change of Station Orders. Ten copies of these orders, with all amendments, must be sent to the ASD with your records.
- e. Original copy of your PCS DA Form 31

Personnel Documents Required for In-processing.

- a. In-processing Information Memorandum. This form must be completed by all students. Furnish all information requested, this form is used to establish your entry into our database.
- b. Record of Emergency Data (DD Form 93) (see Figure 2-1, below). Complete the worksheet and sign all copies and give your rank in block 14 of the DD Form 93. Return both documents to the ASD. Your program manager will witness the DD Form 93.
- c. Servicemen's Group Life Insurance Election (SGLI Form 8286) (see Figure 2-2, page 2-7). Read all instructions on both sides of the form carefully and enter the requested information. Your program manager will witness the form. "By Law" can no longer be used.
- d. Enclose the documents necessary to update your personnel records such as certificates of training or awards not posted to your file.

U.S. GOVERNMENT PRINTING OFFICE: 1980-270-221

1. Name (Last, First, Middle)		2. SSN		3. Branch, Unit, Code, Duty Station	
DOE, JOHN RANDAL		111-22-3333		GERS	
4. Address (Street, City, State, Zip)					
RENEE ELIZABETH/1111 Someplace Street, Anywhere, State 00000					
5. Date of Birth (MM/DD/YYYY)					
RALPH MALE/15 Sep 79/ Same as above					
6. Date of Birth (MM/DD/YYYY)					
REGINA FEMALE/23 Dec 83/Same as above					
7. Name (Last, First, Middle)					
BOB S. DOE/3232 Nextdoor Plaza, Another Town, State 99999					
8. Name (Last, First, Middle)					
SARA P. DOE/3232 Nextdoor Plaza, Another Town, State 99999					
9. Relationship (Spouse, Child, Parent, etc.)					
Not applicable					
10. Name (Last, First, Middle)					
BOB S. & SARA P. DOE/PARENTS/See Item 6					
11. Name (Last, First, Middle)					
RENEE ELIZABETH DOE/SPOUSE/See Item 4					
12. Name (Last, First, Middle)					
RENEE ELIZABETH DOE/SPOUSE/See Item 4					
13. Signature (Last, First, Middle)					
John Randall Doe					
14. Signature (Last, First, Middle)					
J. P. Wilson JR					
15. Date (MM/DD/YYYY)					
5 Mar 1989					

INSTRUCTIONS TO SERVICEMEMBER This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in item 11, allotment if missing (if used by your Service), please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

John Randall Doe
SIGNED

Figure 2-1

(PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM)

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION AND CERTIFICATE


IMPORTANT - This form is for use by **ACTIVE DUTY AND RESERVE MEMBERS**. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS FORM FOR	1. ELECTING, REDUCING OR REFUSING INSURANCE <small>(Do not make erasures, corrections or changes; complete a new form)</small>	2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID
LAST NAME - FIRST NAME - MIDDLE NAME Doe, John R.	RANK, TITLE OR GRADE CPT, GS-5	SERVICE OR SOCIAL SECURITY NO 111-22-3333
BRANCH OF SERVICE (Do not abbreviate) Army	CURRENT DUTY LOCATION AMEDD Stu Det, Fort Sam Houston, TX, 78234-6100 w/duty Georgetown Univ., Washington, D.C.	

1. AMOUNT OF INSURANCE

By law, you are automatically insured for \$100,000. An additional \$100,000 of coverage is available for you to select and would provide you with a maximum coverage of \$200,000. Should you wish to be covered for the full \$200,000 of insurance please initial the appropriate line below. If you want to elect an alternate amount of insurance please fill in the amount desired on the "Amount of Insurance" line and initial it. The following amounts are available: \$190,000, \$180,000, \$170,000, \$160,000, \$150,000, \$140,000, \$130,000, \$120,000, \$110,000, \$100,000, \$90,000, \$80,000, \$70,000, \$60,000, \$50,000, \$40,000, \$30,000, \$20,000, \$10,000. If you do not want any insurance write in your own handwriting "I want no insurance". Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.

(Initials) \$200,000 (Initials) \$ _____ (Amount of Insurance) (Print Clearly)



2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES) (Read instructions below and on reverse)

- Name the primary and contingent beneficiaries below. There are no restrictions on the number of principal and contingent beneficiaries you may name. In some family situations, such as if you are a step-child or step-parent, or if you were abandoned by a parent or adopted or if you are separated from your spouse, you will, by naming specific beneficiaries, include or exclude certain persons, as you desire.
- A named beneficiary will not be changed automatically by any event occurring after you complete this form (e.g., divorce, annulment). To change a beneficiary you must complete a new SGLV 8286.
- A last will and testament, a power of attorney, or any other document will not and cannot change or cancel any beneficiary on this form. You must complete a new SGLV 8286 to change a beneficiary.
- If you want to name a minor child or minor children as beneficiaries, it is very important that you read the instructions on the reverse side of this form.

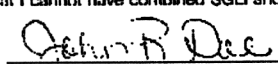
I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF BENEFICIARY <small>(If married woman, give her own first and middle names) for ex, Mary Lisa Smith, not Mrs John Smith</small>	SOCIAL SECURITY # <small>(If known, See 1.D. on back)</small>	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY <small>(See 1.B. on back)</small>	PAYMENTS OPTIONS TO BENEFICIARY <small>36 PMTS/LUMP SUM (See 1.J. on back)</small>
PRINCIPAL (First)				
2.				
CONTINGENT (Second - If principal beneficiary(ies) dies before me or before completion of installment payments to the principal beneficiary(ies))				
1.				
2.				

NOTE: If more than one principal beneficiary is named, the share of any such beneficiary who dies before me shall be distributed equally among the surviving principal beneficiaries (For another option, see 1.C. on the back). If there is no surviving principal beneficiary the proceeds shall be distributed equally to the surviving contingent beneficiaries. This Designation of Beneficiary shall be void if none of the designated beneficiaries is living at my death. If after completion of this form my insurance is increased, this beneficiary designation shall apply to the full amount in force unless a new designation is made.

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS ON THE FRONT AND REVERSE OF THIS FORM. I UNDERSTAND THAT THIS FORM CANCELS ANY PRIOR BENEFICIARY OR PAYMENT INSTRUCTIONS. I UNDERSTAND THAT IF I HAVE LEGAL QUESTIONS ABOUT THIS FORM I MAY CONSULT WITH A MILITARY ATTORNEY AT NO EXPENSE TO ME.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverages at the same time for more than \$200,000.

SIGN HERE IN INK  **DATE COMPLETED** 20 Mar 90

(Signature of member) (Do not print)

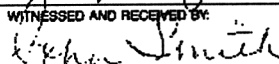
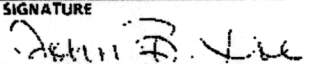
WITNESSED AND RECEIVED BY: 	RANK, TITLE OR GRADE GS-06	ORGANIZATION AMEDD Stu Det	DATE RECEIVED 21 Mar 90
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Figure 2-2

2-9. In-processing Finance Pay Actions.

a. Advance Pay Certification/Authorization (DD Form 2560) (see Figure 2-3). This form is to be used to request advance pay. If you do not desire an advance, disregard and go on to the next document. If you desire advance pay, have moved in conjunction with your PCS, and have met the requirements for advanced pay in paragraph 3-7, send a completed DD Form 2560 in with your in-processing documents.

ADVANCE PAY CERTIFICATION / AUTHORIZATION			
<u>Privacy Act Statement</u>			
AUTHORITY: 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN)			
PRINCIPAL PURPOSES: To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.			
ROUTINE USES: Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.			
DISCLOSURE: Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.			
PART I. REQUEST			
1. NAME (Last, First, Middle Initial) DOE, JOHN B.		2. SOCIAL SECURITY NO. 000-54-9999	
3. GRADE O-4			
4. I REQUEST:		5. I REQUEST A REPAYMENT SCHEDULE OF:	
<input checked="" type="checkbox"/> a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse)		<input checked="" type="checkbox"/> a. 12 MONTHS OR LESS (Specify number of months)	
<input type="checkbox"/> b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) \$		<input type="checkbox"/> b. 13 - 24 MONTHS (Parts II and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)	
<input type="checkbox"/> c. 25 - 36 MONTHS (Parts II and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)		<input checked="" type="checkbox"/> 6. I REQUEST PAYMENT OF THE ADVANCE PAY:	
<input type="checkbox"/> d. 37 - 48 MONTHS (Parts II and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)		<input checked="" type="checkbox"/> a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO NEW PDS	
<input type="checkbox"/> e. 49 - 60 MONTHS (Parts II and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months)		<input type="checkbox"/> b. 31-90 DAYS BEFORE MY PCS (Parts II and V must be completed)	
<input type="checkbox"/> f. 61-180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed)		<input type="checkbox"/> c. AT 180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed)	
PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)			
7. EXPENSE		8. AMOUNT	
a. Washer		\$ 320.00	
b. Dryer		\$ 340.00	
c. Closing costs on new home		\$ 900.00	
d. Cost for househunting trip		\$ 800.00	
e. Shipping Mobile home		\$ 500.00	
f.		\$	
g. TOTAL		\$ 2,860.00	
10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after)			
PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK (Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)			
11. NO. OF DEPENDENTS		12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.)	
PART IV. MEMBER CERTIFICATION			
Penalty: The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).			
If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.			
I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.			
13. SIGNATURE 		14. DATE (YYMMDD) 900530	
PART V. APPROVAL OF MEMBER'S COMMANDER			
15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:		16. WITH LIQUIDATION OVER:	
<input checked="" type="checkbox"/> a. ONE MONTH BASIC PAY LESS DEDUCTIONS		<input type="checkbox"/> a. 12 MONTHS OR LESS (Specify number of months)	
<input type="checkbox"/> b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$		<input type="checkbox"/> b. 13 - 24 MONTHS (Specify number of months)	
<input type="checkbox"/> c. 25 - 36 MONTHS (Specify number of months)		<input type="checkbox"/> c. 37 - 48 MONTHS (Specify number of months)	
<input type="checkbox"/> d. 49 - 60 MONTHS (Specify number of months)		<input type="checkbox"/> d. 61-180 DAYS AFTER REPORTING TO NEW PDS	
17. AND PAYMENT OF THE ADVANCE:		<input type="checkbox"/> a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO NEW PDS	
<input type="checkbox"/> b. NOT PRIOR TO _____ (date) WHICH IS 31-90 DAYS BEFORE PCS		<input type="checkbox"/> c. 61-180 DAYS AFTER REPORTING TO NEW PDS	
18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)		19. SIGNATURE OF OFFICIAL	
20. TITLE		21. GRADE	
22. DATE (YYMMDD)			

DD Form 2560, MAR 90

922 9/9

Figure 2-3

b. Authorization To Start, Stop, or Change BAQ and/or VHA (DA Form 5960) (see Figure 2-4, page 2-10).

This form must be completed by all individuals.

This form certifies authorization to receive BAQ/VHA.

(3) You must attach a copy of your lease/rental agreement or mortgage contract before VHA can be initiated.

(4) For more information on VHA, see Chapter 3, paragraph 3-5c, page 3-2.

c. Temporary Living Expenses (TLE). In accordance with Part H of the Joint Federal Travel Regulation, you may be authorized to apply for TLE within CONUS. Target location error allowance is authorized to partially offset the added living expenses incurred within CONUS by members and their family members when it is necessary for the member and/or family members to occupy temporary lodgings incident to a PCS.

(1) The TLE applies to all uniformed members and/or family members who occupy temporary lodgings.

(2) The TLE is authorized for a total of four days in connection with a PCS; two days in the vicinity of the old duty station prior to signing out and two days in the vicinity of the new duty station after signing in, or four days at either the old or new station, but not both.

(3) If near a military installation, you must use the guest house unless it is full, then you must obtain a non-availability statement.

(4) Requests for TLE must be submitted on either a DA Form 2142 (preferably), or a plain sheet of paper.

Requests must contain the following:

(a) A certification statement as follows: "I certify that temporary lodgings were occupied for the number of days for which TLE is claimed for myself and the following dependents:"

(b) List of dependents claimed.

(c) Whether you had kitchen facilities available.

(d) An address to which the check is to be mailed

(e) Original and two copies of receipts covering the lodging expense claimed.

(f) Three copies of your PCS orders.

(g) Certificate of Nonavailability of Government Quarters (students serviced by the Fort Sam Houston Housing Office ONLY).

(h) Legible copies of the finalized PCS travel vouchers of both member (DD Form 1351-2) (see Figure 2-7, page 2-16), and dependents (DD Form 1351-4) (see Figure 2-8, page 2-18).

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA)				PRIVACY ACT STATEMENT			
For use of this form see 37-104-3, the proponent agency is ASA (FM)				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397 PRINCIPLE PURPOSE: To start, adjust, or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA) ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAR-MC, major commands, and other Army installations, to other DOD components, other federal agencies such as IRS, Social Security Administration and VA, LHAQ, members of Congress, State and local government, US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.			
1. NAME (Last, First, MI) DOE, JOHN D.							
2. SOCIAL SECURITY NUMBER 111-48-3333		3. GRADE O-4					
4. TYPE OF ACTION							
<input checked="" type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE <input type="checkbox"/> REPORT <input type="checkbox"/> CORRECT <input type="checkbox"/> STOP <input type="checkbox"/> RECERTIFICATION							
5. DUTY LOCATION (Include Station, Name, City, State and ZIP Code) AMEDD Stu Det, w/dy George Washington Univ., Washington, D.C. 20052				6. DATE/ACTION (MM/DD/YY) 900209		7. BAQ TYPE <input checked="" type="checkbox"/> WITH DEPENDENTS <input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENTS	
8. MARITAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY			
a. SINGLE <input checked="" type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3)) <input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3)) <input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3)) <input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6)) <input type="checkbox"/>				a. ADEQUATE (see block (1)) <input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4)) <input type="checkbox"/> c. TRANSFANT (see block (1)) <input type="checkbox"/> d. NOT AVAILABLE <input checked="" type="checkbox"/>			
(1) Spouse/Former Spouse SSN N/A		(2) Spouse/Former Spouse Duty Station N/A		(3) Date of Marriage, Divorce/Separation 730715		(1) QUARTERS NO <input type="checkbox"/>	
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other <input type="checkbox"/>		(2) FAIR RENTAL VALUE \$		(1) FROM TO			
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency				(4) <input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above) <input type="checkbox"/> COMMANDER DETERMINATION (Attached)			
(6) If child support received from another military member, complete (1), (2) & (3)							
10. DEPENDENTS/SHARERS (Continue on back if required)							
NAME OF DEPENDENT/SHARER		COMPLETE CURRENT ADDRESS (Include ZIP Code)		RELATIONSHIP		DOB OF CHILDREN	
DOE, JANE C.		123 Doe St., Burke VA 20052		Wife			
11. CERTIFICATION OF DEPENDENT SUPPORT							
<input checked="" type="checkbox"/> I certify that I provide, or am will to provide adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods of non-support. <input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed since its to affect my entitlement thereto for the period to							
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON							
<input checked="" type="checkbox"/> My permanent duty station		<input type="checkbox"/> My dependent's location		<input type="checkbox"/> Both my permanent duty station and dependent's location			
a. Monthly Expenses		Member		b. Share/Lesse Information		c. Address Information	
(1) Mortgage (PITI) or Rent		\$700.00		(1) Rental/Residential Address 123 Doe Street Burke, VA 20052		(1) Landlord's Name and Address Bob Wolf 11 Nole St., Burke, VA	
(2) Insurance				(2) Effective Date		(2) Landlord's Phone No.	
(3) Other				(3) Expiration Date		(703) 555-1111	
TOTALS		\$700.00		900201 910131		(4) Number of Sharers (show name(s) and address in block 10)	
I certify ALL information regarding this authorization is correct. I will immediately notify the FACHRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect my BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.							
13. MEMBER'S SIGNATURE John D. Doe		14. DATE 900209		15. CERTIFYING OFFICER'S SIGNATURE		16. DATE	

DA FORM 5960, SEP 90

REPLACES DA FORM 3298, JUL 88 AND DA FORM 5545, JUL 88 WHICH ARE OBSOLETE

Figure 2-4

Restrictions:

(a) You may claim TLE for yourself and your dependents (if applicable), only if you have signed out of your old duty station or have signed in at your new duty station.

(b) You are not eligible to receive TLE if you are receiving per diem.

(c) The TLE can only be requested after you have filed and received your travel voucher settlements for you and your dependents.

d. Other Pay Documents. You may submit other pay actions you desire when sending your in-processing documents to the ASD. These may include, but are not limited to, JUMPS-JSS Pay Elections (DA Form 3685-R), DD Form 2558, and Employee's Withholding Allowance Certificate (W-4).

2-10. Payment of PCS Travel Allowances

a. All travel and dislocation allowances will be paid by check

b. Reimbursement should be received four to six weeks after in-processing has been completed. During the peak in-processing months (June thru September) processing time will take longer.

c. Reimbursement for a DITY move will take a minimum of six to eight weeks processing time.

2-11. Travel. Before you complete your travel claims, you will need to assemble the following items (some of the items may not apply if you do not have family members, or if you did not use the particular mode of travel).

a. Request and Authority for Leave, DA Form 31, items 18, 19, and 20 must be completed by your losing unit (see Figure 2-5, page 2-12). If you went TDY en route, items 26a and 26b (DA Form 31) must be completed by your TDY station. If you had an approved permissive TDY for house hunting en route, you must enter the dates and times in blocks 26a and 26b (if no TDY was involved) or in blocks 26c and 26d if completed after a previous TDY period. Your permissive TDY for house hunting must be supported by an approved DA Form 4187 (see Figure 2-6, page 2-13). The DA Form 4187 for house hunting must be attached to your PCS leave form. The house hunting information must be entered in Part H of the DA Form 31 or you will be charged

leave for that period. Also, you must enter the permissive TDY information on your travel voucher itinerary. The Fort Sam Houston DAO requires that you submit a PCS DA Form 31 whether or not you actually took leave. Be sure that the original copy of the DA Form 31 is submitted.

<p align="center">DD FORM 100-1 (Rev. 1-79) For use of this form, see AMEDDC&S Pam 1-3. The processing agency is ODC&S.</p>				
PAGE - 1				
1. NAME (Last, first, middle) DOE, JAMES S.	2. SOCIAL SECURITY NO. 111-22-3333	3. GRADE O-4	4. DATE 5 May 90	5. DUTY STATION PCS
6. ADDRESS (Street, city, state, zip) AMED STU INT w/dy Georgetown Univ. Wash D.C. 20307	7. TYPE OF ASSIGNMENT a. <input type="checkbox"/> Temporary b. <input checked="" type="checkbox"/> Permanent c. <input type="checkbox"/> Other (Specify) PCS		8. DATE OF REPORT 1 July 90	9. DATE OF DEPARTURE 15 July 90
10. DUTY STATION (Street, city, state, zip) 131 Moss St. New York, NY 10473 (212) 555-1111	11. NAME OF REPORTING OFFICER <i>John S. Doe</i>		12. NAME OF SUPERVISOR <i>William Brown</i>	13. NAME OF APPROVING OFFICER <i>Joe V. Smith</i>
14. DUTY STATION (Street, city, state, zip) JAMES V. SMITH, IAC, MA, CDR				
15. DUTY STATION (Street, city, state, zip)				
16. DUTY STATION (Street, city, state, zip)				
PAGE - 2				
APPLICABLE TO ASSIGNMENT ONLY				
17. DUTY STATION (Street, city, state, zip)				
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99. DUTY STATION (Street, city, state, zip)				
100. DUTY STATION (Street, city, state, zip)				

DA FORM 100-1 (Rev. 1-79)

REPLACES DD FORM 100-1, WHICH WILL BE USED

ORIGINAL 1

Figure 2-5

PERSONNEL ACTION <small>For use of this form, see DA Form 888-5 and AF 888-1; the procedure agency is DOLPERSON.</small>																																													
DATA REQUIRED BY THE PRIVACY ACT <small>Authority: Title 5, section 552a; Title 50, U.S.C. § 5041. Principal Purpose: Use to notify member to consent with DA Form 888-5 when requesting a personnel action as defined under section 552. Section 552: To notify the member of a requested action being requested by the member. Purpose: Voluntary. Failure to provide data directly results in a delay or error in processing of the request for personnel action.</small>																																													
VETERAN (Include ZIP Code)	VET (Include ZIP Code) Commander AMED Student Detachment Fort Sam Houston, TX 78234	MEMBER (Include ZIP Code) MEMBER CPT JOHN R. DOE 1111 Somewhere Street Anywhere, State 99999-0000																																											
SECTION I - PERSONAL INFORMATION																																													
NAME (Last, First, MI) DOE, JOHN R.	GRADE OR RANK/PAGE (Ind only) CPT/8-3	SOCIAL SECURITY NUMBER 111-22-3333																																											
SECTION II - DUTY STATUS CHANGE (Type 1, DA Form 888-5)																																													
The above member's duty status is changed from _____ to _____ effective _____ from, _____ 19 ____																																													
SECTION III - REQUEST FOR PERSONNEL ACTION																																													
I request the following action:																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">TYPE OF ACTION</th> <th style="text-align: center;">Precedence</th> </tr> </thead> <tbody> <tr><td>Service Request (Ind only)</td><td></td></tr> <tr><td>DA Form 1747 (Ind only)</td><td></td></tr> <tr><td>Voluntary Release from Service</td><td></td></tr> <tr><td>Leave Request</td><td></td></tr> <tr><td>Request for Family Reunion</td><td></td></tr> <tr><td>Request for Reassignment (Ind only)</td><td></td></tr> <tr><td>Request for Transfer</td><td></td></tr> <tr><td>Request for Promotion/Assignment</td><td></td></tr> <tr><td>Request for Discharge (Ind only)</td><td></td></tr> <tr><td>Request for Early Release</td><td></td></tr> </tbody> </table>	TYPE OF ACTION	Precedence	Service Request (Ind only)		DA Form 1747 (Ind only)		Voluntary Release from Service		Leave Request		Request for Family Reunion		Request for Reassignment (Ind only)		Request for Transfer		Request for Promotion/Assignment		Request for Discharge (Ind only)		Request for Early Release		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">TYPE OF ACTION</th> <th style="text-align: center;">Precedence</th> </tr> </thead> <tbody> <tr><td>Reassignment/Transfer/Army Change</td><td></td></tr> <tr><td>Reassignment</td><td></td></tr> <tr><td>Officer Candidate School</td><td></td></tr> <tr><td>Assist of Pay with Unassigned Family Member</td><td></td></tr> <tr><td>Modification Card</td><td></td></tr> <tr><td>Modification Tag</td><td></td></tr> <tr><td>Transfer Request</td><td></td></tr> <tr><td>Leave - Normal/Advance/Outside CONUS</td><td></td></tr> <tr><td>Change of Name/SSN/DOB</td><td></td></tr> <tr><td>Other (Specify) Reassignment TTY Reassignment Ind</td><td></td></tr> </tbody> </table>	TYPE OF ACTION	Precedence	Reassignment/Transfer/Army Change		Reassignment		Officer Candidate School		Assist of Pay with Unassigned Family Member		Modification Card		Modification Tag		Transfer Request		Leave - Normal/Advance/Outside CONUS		Change of Name/SSN/DOB		Other (Specify) Reassignment TTY Reassignment Ind	
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Signature of member (Ind only) <i>John Doe</i>		DATE 2 April 1989																																											
SECTION IV - REQUEST (Apply to Sections II, III, and V) (Complete on separate sheet)																																													
In accordance with AR 630-5, Chapter 12, Paragraph 12-4, request I be granted Permissive TTY for the purpose of housekeeping.																																													
_____ 10 days in conjunction with PCS leave and travel.																																													
Beginning and ending dates _____																																													
Area of Permissive TTY: _____																																													
DD Form 1747 (1a) (is not) attached <u>(IF NOT ATTACHED-PLEASE PROVIDE CONSIDERATION WITH EXCERPT)</u> .																																													
I understand that this absence is not directed by any Official of the US Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. Because this is a personally assumed absence, I understand that I have the right to cancel at any time and return to my regular place of duty.																																													
SECTION V - AUTHORIZATION/REVIEW/REMARKS																																													
I certify that the data stated above (Section II) is that the request for personnel action (Section III) contains truth:																																													
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> IS APPROVED <input type="checkbox"/> RECOMMENDS APPROVAL <input type="checkbox"/> RECOMMENDS DISAPPROVAL </div>																																													
COMMANDER/AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE																																											

DA Form 4187

SECTION OF PEG 01 WILL BE USED.

COPY 1

Figure 2-6

b. Travel Voucher or Subvoucher (DD Form 1351-2) (see Figure 2-7, page 2-16). Complete this form only when travel was actually performed. Attach four copies of your PCS orders, including amendments. Original copies of airline tickets and/or TRs which were purchased by you or were issued to you must be included, if applicable. You must have these for family members also. Original of receipts for any reimbursable expenses in excess of \$25.00 must be included with your claim. If you were TDY en route, original copies of lodging receipts or nonavailability statements must be attached. If you received an advance travel and/or dislocation allowance, a copy of the DD Form 1351 (Travel Voucher) must be attached. All copies of the DD Form 1351-2 must be legible. Do not remove carbons.

(1) Complete all heading information as indicated. In the "Travel Orders" block include all amendments. If you received an advance pay, be sure to include all information requested in the "Prior Travel Payments or Advances" block. If you did not receive an advance, enter "NONE."

(2) Itinerary Section (Blocks 1, 2, 3, and 4). Include all major stops using "Mode of Travel" and "Reason for Stop" codes listed on the reverse side of the form. For a PCS voucher, your travel begins when you depart your old duty station and ends when you arrive at your new duty station. Include any TDY or leave taken in the itinerary. For TDY Vouchers, your travel begins when you leave your home or duty station and ends when you return to your place of origin. Enter "Cost of Lodging" amounts for any period of TDY.

(3) Reimbursable Expenses (Block 5). Include all reimbursable costs incurred in your travel. You must include original receipts for any expense exceeding \$25.00. Be sure to include costs of airline tickets purchased by you for this travel. Reimbursement expense does not include:

(a) Mileage in and around the TDY point, unless authorized in your orders.

Rental car unless authorized in orders.

Costs of meals consumed.

Telephone toll charges

(4) Long Distance Telephone Calls (Block 6). Do not make any entries in this block. Telephone calls will not be reimbursed.

(5) Transportation Request (Block 7). List any TRs issued to you. Enter TR number and "From" and "To" information. Attach copies of the TR and the tickets you were issued.

(6) Other Information (Blocks 8, 9, 11, 14, and 15).

(a) Block 8. If you took leave in conjunction with your travel, enter the number of days and the dates you were on leave.

(b) Block 9. If you drove your personal auto for portion of the trip, check "owner/operator."

(c) Block 11. Payment Desired - Check "check." Cash payment cannot be made unless you can file your claim at Fort Sam Houston.

(d) Block 14. Sign the DD Form 1351-2

(e) Block 15. Date the DD Form 1351-2

(7) After you have completed the DD Form 1351-2, check all entries to ensure they are correct, attach original and three copies of receipts, three copies of vouchers for advances, three copies of TRs, and three copies of your orders (with amendments, if any).

(8) If additional space is needed for any item, use the DD Form 1351-2c for a continuation sheet.

(9) Helpful Hints.

(a) You must list the amount paid for lodging at TDY sites in block 2. If you do not, the finance office will not pay the correct amount.

(b) If you went to a military installation for TDY, you must have a statement of nonavailability of quarters if you resided off-post. Please ensure that you send a copy of the statements.

(c) If you stayed in BOQ/VOQ guest quarters, you must provide receipts.

(d) Do not use felt-tip pen to complete the form. If all copies cannot be read, they may be returned to you. Use a black ballpoint pen or a typewriter for best results.

(e) Before you send the completed voucher to ASD, we recommend that you make a copy of it and all receipts for your own records. This will prove invaluable should a question arise later. Also, when you receive your check, a copy of the paid voucher will be returned to you. Receipts, TRs, etc., will not be returned.

[illegible]

Figure 2-7

c. Voucher or Claim for Dependent Travel and Dislocation or Trailer Allowance (DD Form 1351-4) (see Figure 2-8, page 2-18). To claim dependent travel and dislocation allowance, complete and submit this form only when dependents have actually completed travel and established a bona fide residence. If you received advance dislocation or dependent travel, you must complete this form to settle the advance. Attach four copies of your PCS orders and receipts for transportation. Complete the voucher with either ballpoint pen or typewriter to make sure that all copies are legible. Do not remove carbons.

(1) You are authorized to claim dislocation allowance at the "without dependent" rate if:

(a) You are single and government quarters are not used. Complete the form and show an economy address. You are entitled to dislocation allowance in an amount equal to two month's BAQ without dependents for your grade.

(b) You are married, your family members choose not to travel to your new duty station, and you are not assigned government quarters. You are entitled to dislocation allowance in an amount equal to two month's BAQ without dependents for your grade. If your family members join you at your duty station and establish a bona fide residence at a later date, you may submit a claim for the difference between the without and with dependent rates.

(2) Your dependent's travel begins when they depart either your last permanent duty station (if they were authorized to accompany you there), or the designated location to which they were last moved at government expense (if they were not allowed to accompany you).

(3) Your dependent's travel ends when they arrive and establish a permanent residence at your new permanent duty station.

(4) In the "Payment For" block of the DD Form 1351-4, mark the "DLA" block and the "Other" block and enter "Dependent Travel." Under payment desired mark the block for "Check."

(5) Enter all administrative information. Be sure to list all amendments in the "Travel Authority" block.

(6 Dependents Travel (Section I

(a) Name. List spouse and children's names. List only dependents who actually traveled.

(b) Birthdate of children. LIST DATE OF MARRIAGE FOR SPOUSE, NOT DATE OF BIRTH. List date of birth for all children.

(d) From/To. Enter the place dependents traveled from and the place they traveled to. Under the "Travel From" block, check "Last Permanent Station." Under the "Travel To" block, check "New Permanent Station."

(e) Enter "Dependents" address on receipt" and "Address to which dependents last transported," as indicated. Also, indicate if household goods have been shipped.

(6) Section II (Dependents' Actual Travel). Furnish complete to and from addresses and dates travel began and completed. Port of departure and arrival will be used only for personnel returning from overseas.

Section III. Complete, if applicable.

(8) Section IV (Reimbursable Expenses). Enter any reimbursable expenses applicable to your dependents travel. Do not duplicate any expenses from your voucher.

Sign and date form when completed

d. Do-It-Yourself Moves. A separate Travel Voucher (DD Form 1351-2) must be submitted to claim a DITY move. Your local transportation office, prior to your leaving, must advise and provide you with the required documents needed. You are required to submit the following forms with your DITY move claim.

(1) One copy of DD Form 1299 (Application for Shipment and/or Storage of Personal Property).

(2) Two copies of DD Form 1155 (Order for Supplies or Services/Request for Quotations).

Two copies of the DITY worksheet.

Weight tickets of unloaded truck/trailer.

Weight tickets of loaded truck/trailer.

Copy of rental contract

Completed DD Form 1351-2, to include itinerary.

Three copies of PCS orders.

(9) Claims for reimbursement of rental equipment only require the following:

(a) Completed DD Form 1351-2, to include itinerary.

(b) One copy of DD Form 1701 (Inventory of Household Goods).

Three copies of orders

(10) Claims for reimbursement of a DITY move or rental equipment must be sent to the ASD with your other in-processing documents and records.

Chapter 3

Finance Actions

3-1. Finance. This section provides you with instructions on financial matters to help you complete finance actions.

3-2. Leave and Earnings Statement

a. Your Leave and Earnings Statement (LES) will be mailed to your home mailing address each month by the ASD. It is normally mailed so as to arrive within the first five days of each month. Review your LES carefully for correctness and report errors to the ASD. In addition, you will receive a mid-month pay notice, even if you have elected only once-a-month pay.

b. Newly assigned personnel will probably have a delay of 45 to 60 days from the date of in-processing before receiving their first LES from the ASD. Until you in-process at the ASD, your LES will continue to be sent to your old unit. If you desire a copy of any missing LES, write the ASD indicating what month(s) and provide your mailing address.

3-3. W-2 Form. The W-2 form is mailed with your January LES. If you leave your duty station on PCS after the January processing date (normally on or about 15 January), your W-2 and January LES will be mailed to your previous duty station by the Finance Center. If your departure was before the January processing date, notify the ASD so that a written request for your W-2 can be sent to the Defense Finance Accounting System.

3-4. Employment Verification. All employment verifications must be in writing with your signature on the verification form to authorize release of your income information. Your request should be sent to the ASD. If you are en route and have not in-processed, there may be a delay in processing your employment verification until your finance information becomes available. You need to provide the ASD a current LES so income information can be verified.

3-5. Pay Allowances.

a. Authorization to Start, Stop, or Change BAQ (DA Form 5960).

(1) Anytime your marital status changes, or your address changes, you must complete and submit a DA Form 5960. Also, you must attach either an original or certified true copy of your marriage certificate or divorce decree, as applicable.

If you are divorced, these forms must be submitted even though you have other dependents and your entitlement to BAQ will not stop. This form must be completed at the end of each PCS.

(2) If you are assigned family-type government quarters, you must submit two copies of your quarters assignment document so your BAQ entitlement can be stopped.

(3) When government quarters are terminated, send two copies of the termination document to the ASD, except when you are within 30 days of graduation. When termination is within 30 days of graduation, documents should be kept and submitted when you in-process at your next duty station.

(4) To establish dependency for family members other than lawful spouse or legitimate children under 21 years of age, you must complete a DD Form 137 (Application for Basic Allowance for Quarters for Members with Dependents). If you need a DD Form 137, please contact the ASD. Send the completed form through the ASD to the Determinations Branch, Defense Accounting Center for approval. Final action normally requires at least 60-90 days.

b. Quarters Allowance.

(1) If your family members do not occupy government quarters, you are entitled to Basic Allowance for Quarters at the "with dependents" rate corresponding to your pay grade. If you are married to another military member, with no other family members, and do not occupy government quarters, you and your spouse are both entitled to BAQ in your own right at the "without dependent" rate. If you have dependent children, whoever claims the children is entitled to BAQ at the "with dependent" rate.

(2) If you are single and do not occupy government quarters, you are entitled to BAQ at the "without dependents" rate corresponding to your pay grade. This allowance is effective the date you report for duty. No action is required by you to receive this allowance; however, you are obligated to tell the ASD whenever your entitlement to this allowance changes. You will receive PCS-BAQ for all periods of delay en route leave. Payment of PCS-BAQ should be included in your monthly pay within two months after all in-processing has been completed and PCS travel has been paid.

(3) It is your responsibility to furnish the ASD copies of termination or assignment of government quarters documentation which change your entitlement to BAQ. You are also responsible for providing information and documentation anytime your marital status changes.

c. Variable Housing Allowance Certificate (DA Form 5960).

(1) Your entitlement to basic allowance for quarters begins and ends under the same conditions when you are assigned to a permanent duty station in the CONUS. Effective the date you report for duty, you will be entitled to VHA without offset until such time as you submit a completed DA Form 5960 with required documents. Variable Housing Allowance at the offset rate will be paid effective either the day you report for duty or establish permanent residency, whichever is earlier.

(2) Variable Housing Allowance at the rate paid at your old permanent station continues thru the day before you report for duty at the ASD, with the exception that the entitlement will be decreased by the number of days that you are allowed for PCS travel. If VHA was not paid at your old permanent duty station because government quarters were assigned, you are entitled to VHA at the rate applicable to the old station, beginning on the day you terminated government quarters. If your old permanent duty station was outside the CONUS, you will be entitled to VHA on the day you report for duty or establish residency at your new duty station or intermediate temporary duty or training location in the CONUS.

(3) If you rent, furnish a copy of your lease, however; if no lease was signed, copies of rent receipts or canceled checks are acceptable.

(4) If you own your own house, you must furnish a copy of the mortgage contract showing the mortgage payments including principal, interest, taxes, and insurance which may include the mortgage payment schedule and proof of amount of taxes and insurance (escrow payment). If taxes/insurance are paid separately, copies of the bill or statement must be furnished.

(5) Your VHA is on your duty location, not on the physical location of your dependents.

(6) Each year recertification is required for entitlement.

d. Basic Allowance for Subsistence (BAS).

(1) Officers will continue to receive BAS at the prescribed rate.

(2) Enlisted personnel will be authorized BAS at the Rations in Kind Not Available rate. The ASD Commander will authorize start of the BAS upon your in-processing.

3-6. Pay Changes. The following forms are required in order to make changes to your monthly pay. Mail documents to the ASD for review and transmittal to the DAO for action. Documents must be received in the ASD not later than the first workday of the month

you want the change to become effective. Blank forms are available from the ASD upon request.

NOTE: All finance forms must be signed and dated in order to be processed. Any finance form received without signature or date will be returned.

a. JUMPS--JSS Pay Elections (DA Form 3685-R) (see Figure 3-1). Complete and submit a DA Form 3685-R only if you want to change the address of monthly or mid-month pay. While assigned to the ASD, we recommend you elect either the "check to financial organization" or "check to address" option. DO NOT plan on using the "check to unit" option. Be sure all items are complete. If you select the "check to bank" option to change banks for your mid-month or end-of-month checks, you must complete and submit an Authorization for Deposit of Federal Recurring Payments (SF 1199a) (see Figure 3-2) with the completed DA Form 3685-R. You must complete items A thru J of the 1199a, and the remaining items must be completed by a bank official. ***We strongly recommend you do not close your old bank account until your new bank has started receiving your pay.***

JUMPS - JSS PAY ELECTIONS <small>For use of JSS form, see AF 27-104-2. The payment agency is AMEDDC&S.</small>			
Authority: Title 37 USC, Section 101. Principal Purpose: To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances. Routing Use: To establish the pay account of the JSSP. Standard: Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.		PRUDENT AND STATEMENT	
1. HOW DO YOU WANT TO BE PAID? (X one item.) <input type="checkbox"/> a. Once a Month <input checked="" type="checkbox"/> b. Twice a Month		2. METHOD OF PAYMENT (X one item.) <input checked="" type="checkbox"/> a. Sure Pay/Oversight Deposit (Complete Section 4.) <input type="checkbox"/> b. Check to Address (Complete 5.)	
3. ACCRUAL OF PAY (NOTE: All payments may be withdrawn at any time upon application to your Finance Officer.) <input type="checkbox"/> a. If an account of pay is also desired, check box and enter amount.			<input type="checkbox"/> b. Directly Assign
4. SURE PAY/INVEST DEPOSIT (X one item.)			
<input checked="" type="checkbox"/> a. SF 1188A attached. (Complete items (1) through (5).)		<input type="checkbox"/> b. SF 1188A on file. (Use this box if you already have SURE PAY/INVEST DEPOSIT in this financial institution.) (Do not complete items (1) through (5).)	
(1) NAME OF FINANCIAL ORGANIZATION USAA			
(2) SAVINGS OR CHECKING ACCOUNT NO. 453-167-4		(3) NAME OF ACCOUNT HOLDER DOE, JOHN B.	
(4) STREET NO., RR NO., P.O. BOX P.O. BOX 122		(5) CITY, STATE, ZIP CODE (or Country) San Antonio, TX 78234	
6. CHECK TO ADDRESS (Provide complete mailing address.)			
<input type="checkbox"/> a. STREET NO., RR NO., P.O. BOX			
<input type="checkbox"/> b. CITY	<input type="checkbox"/> c. STATE	<input type="checkbox"/> d. ZIP CODE	<input type="checkbox"/> e. COUNTRY
<input type="checkbox"/> f. REMARKS			
7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.			
<input type="checkbox"/> a. TYPED OR PRINTED NAME DOE, JOHN B.		<input type="checkbox"/> b. NAME AND ADDRESS OF ORGANIZATION AMEDD Student Detachment w/ John Hopkins Univ. Fort Sam Houston, TX 78234-6100	
<input type="checkbox"/> c. SSN 000-54-9999		<input type="checkbox"/> d. DATE 900530	
<input type="checkbox"/> e. SIGNATURE <i>John B. Doe</i>		<input type="checkbox"/> f. DATE 900530	

Figure 3-1.

Standard Form 1000
Rev. 10-78
Approved by Treasury
Department
Working Draft, Oct. 1979

GSA No. 5010-1087
Replaces GSA 1001-10

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/allowance award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (Last, first, middle initial) Doe, John R.		D TYPE OF DEPOSITOR ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (Street, P.O. Box, APO/FPO) 1111 Somewhere Street		E DEPOSITOR ACCOUNT NUMBER []	
CITY Anyplace, Texas	STATE TX	ZIP CODE 12345	F TYPE OF PAYMENT (Check only one)
TELEPHONE NUMBER AREA CODE (214) 246-6478			<input type="checkbox"/> Social Security <input type="checkbox"/> Post Salary/Ret. Civilian Pay <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> MIL, Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> MIL, Retiree <input type="checkbox"/> Civil Service Retirement TSPRS <input type="checkbox"/> MIL, Survivor <input type="checkbox"/> VA Compensation or Pensions <input type="checkbox"/> Other _____ (specify)
G NAME OF PERSONAL ENTITLE TO PAYMENT		H THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (If applicable)	
I CLAIM OR PAYROLL ID NUMBER Prefix: _____ Suffix: _____		TYPE _____ AMOUNT _____	
PAYEE/JOB PAYEE CERTIFICATION I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited in the designated account.		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE John R. Doe	DATE 1 May 90	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION First State Bank Anyplace, Texas 22021		ROUTING NUMBER []		CHECK ORBIT []
DEPOSITOR ACCOUNT TITLE				
FINANCIAL INSTITUTION CERTIFICATION I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 248, 252, and 250.				
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE	

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

FORM 100, 10-78, Rev. 6-79, Working Draft, 1-79

GOVERNMENT AGENCY COPY

Figure 3-2

b. Employee's Withholding Allowance Certificate (Form W-4). When submitting a Form W-4 to change the number of tax exemptions, be sure that you complete all the information requested. The address on this form must be your legal residence address, not your mailing address. One copy is required.

c. Dental Insurance. A Dependent Dental Plan Enrollment Election (DD Form 2494) must be completed to start or stop dental insurance. See paragraph 6-9 for more information.

d. JUMPS--Army Allotment Authorization (DA Form 2558) (see Figure 3-3). Complete and submit a DD Form 2558 to start, stop, or change an allotment. Submit a separate form for each allotment you want to start or stop. You may use one form to change only the amount or the address of the payee for an allotment currently being deducted from your pay. The effective month of first or last deduction of an allotment refers to the end of the month (e.g., if a new allotment is to pay insurance premium due on 10 May, first month of deduction would be April). Ensure all the items and information are complete and forms are signed before mailing. If you are starting a new allotment, you need to submit a statement of understanding, along with a DD Form 2558.

3-7. Advance Pay. You may be authorized an advance pay not to exceed one month's pay before you depart your old duty station and a payment not to exceed two month's pay within 60 days of your reporting to the ASD. If you did not physically move, you are not authorized an advance pay. Normally, advance pay will be prorated over 12 months, except when you are being assigned to a high cost area or to an overseas station. If you are assigned to a high cost area or overseas station, you may request up to 24 months proration. Advance pay cannot be paid while you are en route. It is recommended that single soldiers drawing BAQ/VHA apply for advance pay since all BAQ and VHA will be stopped when they leave their present duty station and will not be reinstated until after their in-processing has been completed by the ASD. Advance pay **MUST** be fully justified. It **CANNOT** be used to defray school costs but only to defray actual costs of a PCS move.

a. If you are requesting an advance pay when in-processing to the ASD, complete the DD Form 2560 and return it with your in-processing documents.

b. If you are requesting an advance pay when out-processing from the ASD, complete the Advance Pay Form and return it with one copy of your PCS orders at least 45 days before your departure date.

3-8. Advance PCS Travel Payments.

a. All advance travel payment requests should be received by the ASD at least 45 days prior to your school completion date.

AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT FOR ACTIVE DUTY OR RETIRED PERSONNEL		VERSION NO. REVISION BY			
Primary Act Statement					
AMENDED: 37 U.S.C. 161 et seq; E.O. 10997, November 1942 (SRS)					
GENERAL PURPOSES: To permit start, changes, or stops to allotments other than bond allotments. To maintain a record of allotments other than bond allotments and ensure start, changes, and stops are in keeping with member's desires.					
SECURITY LINE: Information may be released to computer service centers and other accounting services when such centers and services act as authorized agents of financial organizations specified by the member to receive allotments. Disclosure may be made to the Federal Reserve System when payment of allotment is made through the electronic fund transfer system to financial organizations. Records may also be disclosed to Congress, Attorney General, Secretary General Accounting Office, Federal, State and local courts; U.S. Treasury; and to the Department of Justice, in some cases for prosecution, and litigation or for investigative purposes.					
DISCLOSURE: Voluntary; however, failure to provide the requested information as well as the SRS may result in the member not being able to start, change, or stop allotments.					
TO BE COMPLETED BY ALLOTTEE					
I. ALLOTTEE'S NAME (Last, First, Middle Initial, Prefix or Suffix) DOE, JOHN B.	2. SOCIAL SECURITY NUMBER 000-34-9999	3. GRADE (AF only) O-4			
4. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, Zip Code) 121 Anywhere St. New York, NY 10996	5. EFFECTIVE DATE (YYYY) 9006	6. ALLOTMENT AMOUNT (Per Month) \$ 100.00			
7. ALLOTTEE'S NAME (Last, First, Middle Initial, Last) DOE, MARY J.	8. ALLOTMENT ACTION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">A. START</td> <td style="width: 33%;">B. STOP</td> <td style="width: 33%;">C. CHANGE</td> </tr> </table>		A. START	B. STOP	C. CHANGE
A. START	B. STOP	C. CHANGE			
9. CHIEF (Last, First, Middle Initial)	10. ALLOTMENT CLASS AUTHORIZED (X only one) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">A. QUANTITY (See 2)</td> <td style="width: 33%;">B. SUPPORT (See 2)</td> <td style="width: 33%;">C. CHANGE</td> </tr> </table>		A. QUANTITY (See 2)	B. SUPPORT (See 2)	C. CHANGE
A. QUANTITY (See 2)	B. SUPPORT (See 2)	C. CHANGE			
11. ALLOTTEE'S MAILING ADDRESS (Street or Box Number, City, State, Zip Code) 222 Main St. Garden City, NY 99999	12. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS (Country, County)				
13. ADDRESS	14. ACCOUNT NUMBER/POLICY NUMBER				
15. SIGNATURE OF ALLOTTEE <i>John B. Doe</i>	16. TOTAL CLASS 1 AMOUNT \$	17. TOTAL CLASS 2 AMOUNT \$			
18. DATE (YYYYMM) 900530					
NOTES: Must be different address than allottee. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.					
NOTE 2: May not be started after retirement.					
NOTE 3: May not be started or changes after retirement.					

DO Form 2558, MAR 90

20071

Figure 3-3

b. Unless otherwise indicated, you are authorized to request the following advance travel payments: travel for you and your dependents and dislocation allowance. Submit requests on DA Form 2142 (Pay Inquiry) (see Figure 3-4, next page).

c. These requests must include the type of advance requested, check mailing address, signature, and three copies of your PCS orders for each advance. Additional information:

(1) Dependent travel: Name of spouse, date of marriage, names and dates of birth of all children traveling, and place from which and to which travel will be performed. If dependents will not travel to the new duty station, give complete address of their designated location.

(2) Dislocation Allowance: Married members are entitled to draw advance dislocation allowance if their dependents move for the convenience of the government. Single members are entitled to this allowance if they furnish proof that government quarters will not be available at their new duty station.

3-9. Medical and Dental Special Pays--MASP, DASP, ISP, AND MSP (officers only).

a. MASP and DASP. Since eligibility dates for these payments are not always reflected in the personnel records in the ASD, it is highly recommended that eligible Medical and Dental Corps officers contact the ASD not later than 45 days prior to the date the payment is due. An agreement will be forwarded to you for signature and designation of where you want the payment sent. Return the agreement to the ASD for approval and forwarding to the DAO.

b. ISP and MSP. These payments are subject to revision each year by the Department of Defense and eligibility for payment and amounts of entitlement may change. Rosters are furnished to the ASD by the Incentive Pay Branch, OTSG, listing officers who are eligible for payment and amounts of entitlement. Upon receipt of the annual governing provisions for these payments and the list of eligibles, agreements will be prepared and forwarded to you for signature. You must maintain your state license and be fully credentialed to practice in your specialty to be eligible for these payments. Since these payments are subject to annual revision, you are encouraged to refrain from committing yourself for them until formally notified of your eligibility.

PAY INQUIRY		BLOCK NUMBER	
For use of this form see AR 37-104-3: the proponent agency is USAFAC.		INQUIRY NO.	DATE
SECTION I (To be completed by soldier)			
NAME (Last, First, Middle)	SSN	GRADE	
DOE, JOHN D.	111-22-3333	O-4	
UNIT		PHONE NUMBER	
AMEDD Student Detachment, FSH, TX 78234-4100 w/dy Georgetown University, Washington, D.C. 20307		221-6161	
NATURE OF PAY INQUIRY (Be specific)			
Request Advance travel pay for MAJ John D. Doe, 111-22-3333, and family. Mode of transportation will be accomplished by POV from Washington, D.C. to Fort Meade, MD.			
Spouse: Kathy H. Doe		Mail Check to: MAJ John S. Doe	
Son: Michael P. Doe (DOB: 14 Mar 80)		1122 Right Way Drive	
Daughter: Elizabeth P. Doe (DOB: 12 Dec 90)		Washington, D.C. 20300	
SECTION II (To be completed by Unit Commander)			
<input type="checkbox"/> 1. Supporting document(s) submitted or will be submitted to finance.	DATE	TL NUMBER	
<input type="checkbox"/> 2. Local payment. Soldier has been counseled regarding impact on future pay. My recommendation is to approve/disapprove (cross out the appropriate word) the local payment.			
<input type="checkbox"/> 3. Other (Specify)			
Signature of Unit Commander (or soldier as appropriate).		DATE	
SECTION III (To be completed by Finance)			
PROBLEM	<input type="checkbox"/> Allotment	<input type="checkbox"/> Entitlements	<input type="checkbox"/> Collection
	<input type="checkbox"/> Non-Receipt Check	<input type="checkbox"/> Non-Receipt LES	<input type="checkbox"/> Leave
			<input type="checkbox"/> Other (Specify)
INQUIRY ANALYSIS CAUSE			
<input type="checkbox"/> 1. Non-Receipt of document from Unit Commander.		<input type="checkbox"/> 2. Late receipt of document from Unit Commander.	
<input type="checkbox"/> 3. Document received - Finance did not process.		<input type="checkbox"/> 4. Document received and processed but rejected on DJUOL.	
<input type="checkbox"/> 5. Document received from Unit Commander on time but too late to be processed prior to JUMPS cutoff.		<input type="checkbox"/> 6. Problem with prior station.	
<input type="checkbox"/> 7. USAFAC		<input type="checkbox"/> 8. Other (Specify)	
DESCRIPTION OF CAUSE AND ACTION TAKEN.			
ACTION REQUIRED			
<input type="checkbox"/> DA Form 3684		INQUIRY EVALUATION	
<input type="checkbox"/> Local Payment		<input type="checkbox"/> Valid	
<input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Invalid	
DATE APPROVED LOCAL PAYMENT PAID		SIGNATURE OF PAY CLERK	

DA FORM 2142
APR 82

EDITION OF 1 APR 73 WILL BE USED UNTIL EXHAUSTED.

PFR

Figure 3-4

Chapter 4

Personnel Processing

4-1. Personnel. The information found in this section will help you complete personnel-type actions during your period of schooling.

4-2. Personnel Actions. All personnel actions will be sent through the ASD for processing. Questions about personnel actions should be directed to the detachment.

4-3. Awards. The ASD will send you awards received from your previous duty station. Awards received will be posted to your official file. Military awards are not authorized for academic excellence or achievement.

4-4. Identification Cards.

a. Military ID Card (DD Form 2a). You may have your ID Card renewed at any Army installation if you have a verified application from the ASD. If you are not assigned near an Army installation and you need a new card, contact the ASD for a DD Form 1172 and Defense Eligibility Enrollment Report System (DEERS) enrollment at least 45 days before your card expires. A completed application will be sent to you for signature. Return the signed application to the ASD and arrangements will be made with the Fort Sam Houston ID Card Section to complete the processing for issuing you a new card.

b. Dependent ID Card (DD Form 1173). Dependent ID cards can be issued by any military installation. However, a certified DD Form 1172 (Application for Uniformed Services Identification and Privilege Card) must be requested from the ASD. If you are not located near a military installation, follow the procedure in paragraph 4-4a, above. Also, individuals requesting ID cards for dependents not currently enrolled in DEERS must complete requirements in the following paragraph.

4-5. DEERS. Defense Eligibility Enrollment Report System (DEERS) is a system used to identify personnel eligible for military benefits. All active duty Army members are automatically enrolled in the system. However, if you have family members who are eligible for military benefits, it is your responsibility to enroll them in the DEERS. Send documentation which verifies dependency, and send completed forms and documentation to the ASD. This documentation consists of marriage certificate, birth certificate (for each child regardless of age), adoption papers, or divorce/separation

decree. Documents must be either a certified true copy or photocopy, with seal clearly legible. Notify the ASD of any changes in the status of your family members either by birth, death, marriage, or divorce, so that your DEERS information can be updated.

4-6. Review of Officer Record Brief (ORB). The ORB is printed annually by birth month and in anticipation of a promotion board. Your ORB will be forwarded to you for your review. You should make changes necessary, keeping in mind that you must provide appropriate documentation to support any change. Once you are satisfied that all information is current, sign and date the form at the very bottom and return it to the ASD.

4-7. Academic Evaluation Reports (AER) (DA Form 1059-1).

a. The AER replaces the Officer Evaluation Report/NCOER while you are in training. It is your responsibility to ensure that the AER is completed by your academic advisor and that the report is returned to the ASD. Academic Evaluation Reports for AMEDD students are required annually and upon completion of the program. The first report is due 12 months from the beginning date of your program and every 12 months thereafter until graduation.

b. You are required to furnish a final transcript with your final AER for inclusion in your OMPF. **Do not send transcripts with your annual AERs.** Final transcripts must indicate the degree awarded and the date. Transcripts are not required for residency or fellowship programs. You may be reimbursed for this final transcript on your final voucher for reimbursement.

c. The ASD will complete Section I of the AER and forward it directly to you. Your academic advisor completes Section II and returns it to you for forwarding to the ASD where the Commander, ASD, completes Section III. The finalized report will be forwarded to PERSCOM (officers) or Fort Benjamin Harrison (enlisted) and a copy of the report will be returned to you.

d. Officers pursuing Masters and Ph.D Degrees are responsible for completing all work, including thesis and dissertation, during the training period. If you are unable to complete all work during this period, the Commander, ASD, must indicate in Section III of the AER that the training was not completed. This report becomes a referred report and will be sent to you for comment and/or acknowledgment. If at a later date, you do complete all of the degree requirements, you may take your final transcript and diploma to the Education Center on the installation where you are assigned and have an AER completed indicating degree completion for filing in your OMPF.

Chapter 5

Authorized Absences

5-1. Authorized Absences. This chapter provides information on procedures for applying for authorized absences during your assignment to the ASD.

5-2. School Breaks.

a. Holiday breaks and periods between school terms are considered administrative time and not chargeable as leave, except:

(1) When you leave your duty station for more than 24 hours (weekends excluded) and are not on an approved pass or leave. (Your duty station is defined as the address to which you received travel on assignment to the ASD.)

When you leave CONUS or your assigned foreign country.

b. Your place of duty is the school to which you are assigned. You will be considered AWOL from your place of duty if you do not have approval to be absent.

5-3. Passes

a. Requests for three-day passes will be forwarded to the ASD for approval in sufficient time to allow for processing, approval, and return to you. Passes will be approved if:

The absence will not exceed 72 hours in length.

(2) The absence will not interfere with your classroom studies or training.

(3) You will not leave CONUS or the foreign country to which you are assigned. (This provision does not apply to travel from Canada to CONUS.) Passes will not be routinely approved, as they are intended for special recognition.

5-4. Leaves. All requests for ordinary leave must be approved by the Commander, ASD, or the designated representative. Submit requests for leave, except those under emergency conditions, on a DA Form 31 to the ASD as far in advance of the leave period as possible, but not later than three weeks before the beginning date of the leave.

a. Ordinary Leave. Complete the DA Form 31 (see Figure 5-1, page 5-2) using a typewriter or ballpoint pen, as all copies must be legible.

REGISTRY AND AUTHORITY FOR LEAVE				
Part one of this form, DD FORM 1315, 1-68, is prepared by the Army Medical Department Center and is to be used by the Army Medical Department Center.				
PART - I				
1. NAME (Last, First, Middle)	2. SERVICE NUMBER	3. PAY GRADE	4. DATE	5. SERVICE ID
DOE, John P.	111-22-3333	CPT/O-3	01 May 1989	
6. DUTY STATION	7. TYPE OF LEAVE		8. FROM	9. TO
AMED Student Detachment USAMEDDC&S Fort Sam Houston, TX w/dy Sta Univ of Southern CA Los Angeles, CA 90033	a. <input checked="" type="checkbox"/> Unpaid leave b. <input type="checkbox"/> Sick leave		10 April 1989	14 April 1989
10. DUTY STATION ADDRESS (If not the same as the duty station address, list the address of the leave location.)	11. NO. OF DAYS LEAVE	12. NO. OF DAYS ACCRUAL	13. NO. OF DAYS ADVANCE	14. NO. OF DAYS REDEMPTION
1111 Scamplace Street Anytown, State 00000 (888) 555-1234	3	41	0	0
15. SIGNATURE OF MEMBER		16. SIGNATURE OF SUPERVISOR		
<i>John P. Doe</i>				
17. SIGNATURE OF AUTHORITY		18. SIGNATURE OF AUTHORITY		
19. SIGNATURE OF AUTHORITY				
20. SIGNATURE OF AUTHORITY				
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100. SIGNATURE OF AUTHORITY				

Figure 5-1

RECEIPT AND AUTHORITY FOR LEASE <small>For use of this form, see DA 430-2; the proposed agency is ODC&P.</small> <small>Use only for DA Form 430-2</small>			
PART - I			
1. NAME AND TITLE OF LESSEE DOE, JOHN S.	2. SPECIAL RECEIPT NO. 111-22-3333	3. PAY ORDER 0-4	4. DATE 5 May 90
5. CONTRACT NO. 90/0500/WTV26A	6. TYPE OF LEASE <input type="checkbox"/> Leasehold <input checked="" type="checkbox"/> In Cont. with <input type="checkbox"/> Other		
7. ADDRESS AND PHONE AMEDD STU DIST w/ty Georgetown Univ. Wash D.C. 20307	8. DATE OF LEASE 6	9. DATE OF LEASE 60	10. DATE OF LEASE 10 May 90
11. DATE OF LEASE 15 May 90	12. DATE OF LEASE 15 May 90	13. DATE OF LEASE 15 May 90	14. DATE OF LEASE 15 May 90
15. NAME AND TITLE OF LESSEE 141 Main St. New York, NY 10473 (212) 555-1111	16. SIGNATURE OF LESSEE <i>John S. Doe</i>	17. SIGNATURE OF LESSOR <i>William Brown</i>	18. SIGNATURE OF LESSOR <i>John V. Smith</i>
19. NAME AND TITLE OF LESSEE JOHN V. SMITH, LAC, MS, CDR	20. SIGNATURE OF LESSEE	21. SIGNATURE OF LESSOR	22. SIGNATURE OF LESSOR
PART - II <small>APPLICABLE TO LEASEHOLD ONLY</small>			
23. NAME AND TITLE OF LESSEE 24. NAME AND TITLE OF LESSEE 25. NAME AND TITLE OF LESSEE 26. NAME AND TITLE OF LESSEE 27. NAME AND TITLE OF LESSEE 28. NAME AND TITLE OF LESSEE 29. NAME AND TITLE OF LESSEE 30. NAME AND TITLE OF LESSEE 31. NAME AND TITLE OF LESSEE 32. NAME AND TITLE OF LESSEE 33. NAME AND TITLE OF LESSEE 34. NAME AND TITLE OF LESSEE 35. NAME AND TITLE OF LESSEE 36. NAME AND TITLE OF LESSEE 37. NAME AND TITLE OF LESSEE 38. NAME AND TITLE OF LESSEE 39. NAME AND TITLE OF LESSEE 40. NAME AND TITLE OF LESSEE 41. NAME AND TITLE OF LESSEE 42. NAME AND TITLE OF LESSEE 43. NAME AND TITLE OF LESSEE 44. NAME AND TITLE OF LESSEE 45. NAME AND TITLE OF LESSEE 46. NAME AND TITLE OF LESSEE 47. NAME AND TITLE OF LESSEE 48. NAME AND TITLE OF LESSEE 49. NAME AND TITLE OF LESSEE 50. NAME AND TITLE OF LESSEE 51. NAME AND TITLE OF LESSEE 52. NAME AND TITLE OF LESSEE 53. NAME AND TITLE OF LESSEE 54. NAME AND TITLE OF LESSEE 55. NAME AND TITLE OF LESSEE 56. NAME AND TITLE OF LESSEE 57. NAME AND TITLE OF LESSEE 58. NAME AND TITLE OF LESSEE 59. NAME AND TITLE OF LESSEE 60. NAME AND TITLE OF LESSEE 61. NAME AND TITLE OF LESSEE 62. NAME AND TITLE OF LESSEE 63. NAME AND TITLE OF LESSEE 64. NAME AND TITLE OF LESSEE 65. NAME AND TITLE OF LESSEE 66. NAME AND TITLE OF LESSEE 67. NAME AND TITLE OF LESSEE 68. NAME AND TITLE OF LESSEE 69. NAME AND TITLE OF LESSEE 70. NAME AND TITLE OF LESSEE 71. NAME AND TITLE OF LESSEE 72. NAME AND TITLE OF LESSEE 73. NAME AND TITLE OF LESSEE 74. NAME AND TITLE OF LESSEE 75. NAME AND TITLE OF LESSEE 76. NAME AND TITLE OF LESSEE 77. NAME AND TITLE OF LESSEE 78. NAME AND TITLE OF LESSEE 79. NAME AND TITLE OF LESSEE 80. NAME AND TITLE OF LESSEE 81. NAME AND TITLE OF LESSEE 82. NAME AND TITLE OF LESSEE 83. NAME AND TITLE OF LESSEE 84. NAME AND TITLE OF LESSEE 85. NAME AND TITLE OF LESSEE 86. NAME AND TITLE OF LESSEE 87. NAME AND TITLE OF LESSEE 88. NAME AND TITLE OF LESSEE 89. NAME AND TITLE OF LESSEE 90. NAME AND TITLE OF LESSEE 91. NAME AND TITLE OF LESSEE 92. NAME AND TITLE OF LESSEE 93. NAME AND TITLE OF LESSEE 94. NAME AND TITLE OF LESSEE 95. NAME AND TITLE OF LESSEE 96. NAME AND TITLE OF LESSEE 97. NAME AND TITLE OF LESSEE 98. NAME AND TITLE OF LESSEE 99. NAME AND TITLE OF LESSEE 100. NAME AND TITLE OF LESSEE			

DA FORM 31

REPLACES EDITION OF 1 OCT 71 WHICH WILL BE USED

ORIGINAL 1

Figure 5-2

Complete blocks 1 thru 14.

(2) In block 8, show the inclusive dates of requested leave. No advance or excess leave will be approved unless a bona fide emergency exists.

(3) If you want leave outside of CONUS (except Hawaii and Alaska), your request must be received in the ASD not later than 30 days before the beginning date of the leave. You must provide an overseas address where you may be contacted. Include a complete itinerary on a separate sheet of paper. Also, list on the DA Form 31 all countries you plan to visit. Failure to provide a complete itinerary may delay processing your request.

b. Ordinary Leave in Conjunction with TDY.

(1) If you desire to take leave in conjunction with TDY, you must submit the leave form with the request for TDY travel (see Figure 5-2 above). You must have an approved DA Form 31 in your possession before you depart.

(2) Item 8a, DA Form 31, will be the date you start your trip. Item 8b will be the ending date or the date you plan to return. These dates will cover the entire period that you plan to be on TDY and ordinary leave, inclusively.

(3) In item 18, you will need to write in the date and time you plan to depart when submitting the DA Form 31 for approval. Also, upon return from the trip, you need to write in the date and time of return in block 22.

(4) You will complete Part II, items 26a and 26b, which will be used to record the dates and times you are actually TDY.

(5) You will receive copy 2 of the approved DA Form 31 prior to your trip. You will need to return copy 2 with your travel voucher to the ASD for final disposition. Remember, information on the travel voucher and the DA Form 31 must match.

c. Ordinary Leave Under Emergency Conditions. You may request emergency leave by calling the ASD during normal duty hours. After duty hours, contact the Staff Duty Officer at the Center Brigade, AMEDDC&S, telephone (210)-221-1282/1144 or DSN 471-1282/1144. Provide the following information:

Grade, name, social security number, and branch

Start date of leave

(3) Number of days desired and number of leave days accumulated.

Reason for leave

(b) Complete leave address include zip code and phone number

d. Cancellation/Change to an Approved Ordinary Leave. All cancellations of ordinary leave must be done before the start date of the leave. Unless you contact the ASD by telephone before the scheduled date of departure, you will be charged with leave as requested. Extensions to leaves must be requested prior to the scheduled date of return.

5-5. Temporary Duty (officers only).

a. Requests for TDY travel for training will be submitted to the Corps Education Branches, ATTN: (See address on page 1-3 for appropriate branch) on DA Form 3838 (Application for Professional Training) (see Figure 5-3) so as to arrive not later than 60 days prior to the beginning date of the requested TDY period. If the request is approved, the ASD will prepare the TDY orders and forward them to you. It is essential that you submit requests for TDY as soon as possible because late receipt may result in your request being returned without action.

b. You must also submit a statement from your academic advisor with the DA Form 3838 stating that the TDY is necessary for your training program and that it will not interfere with your training program. If you are attending a civilian sponsored-conference, you should also submit a copy of the course brochure with your application.

5-6. Medical Treatment TDY Orders. During your training period, it may become necessary for you to travel in a TDY status to receive medical treatment. You should submit a written request to the ASD providing the following essential information:

a. Verification of appointment to include date and hour.

b. Number of days TDY, to include authorized travel time.

c. Name and location of military medical facility.

d. Type of treatment in/outpatient).

e. Mode of transportation desired. (The ASD will attempt to arrange military transportation when possible.)

f. Purpose of treatment, to include reason that treatment must be provided at requested TDY location.

5-7. TDY Paid by Another Organization (officers only). It may be necessary for you to perform TDY to be paid for by an organization other than The Surgeon General's Office. This duty may be approved if it does not interfere with your schooling. Your written request for TDY must include the dates of the TDY, mode of travel to be used, and the name and phone number of the organization funding the TDY. You must inform the funding organization to send written information to the ASD at least 30 days before your scheduled departure date. If time does not allow written requests to arrive 30 days before departure, the funding organization should call the ASD to coordinate the issuance of orders. The following information is required:

- a. Fund Citation
- b. Inclusive dates of TDY, to include travel time.
- c. Place and purpose of
- d. Mode of travel authorized
- e. Statement if rental car is to be authorized

APPLICATION FOR PROFESSIONAL TRAINING						DATE	
For use of this form, see AR 351-3; the proponent agency is the Office of The Surgeon General							
THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974							
1. AUTHORITY: 10 USC 3012. 2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for professional training. 3. ROUTINE USES: a. To evaluate application for long and short courses in civilian institution training and federal facility training. b. To notify SUPERVISOR of approval or disapproval of application. c. To record application for professional training in individual's personnel records. 4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary. However action on application will not be finalized without completion of form.							
TO: Cdr, USAHP6A ATTN 8GP8 (enter appropriate branch) 6109 Leesburg Pike, Falls Church, VA 22041				FROM: CPT JOHN R. DOE 111 Somplace Street Anywhere, State 99999-0000			
GENERAL - ALL APPLICANTS MUST COMPLETE ITEMS 1 THROUGH 19							
1. TYPE OF FACILITY SPONSORING TRAINING (Check applicable box)				2. CATEGORY OF TRAINING DESIRED (Check applicable box)			
<input checked="" type="checkbox"/> CIVILIAN INSTITUTION (non-Federal) <input type="checkbox"/> FEDERAL FACILITY <input type="checkbox"/> AMEDD <input type="checkbox"/> ARMY (Less AMEDD) <input type="checkbox"/> OTHER MILITARY (Air Force, Navy) <input type="checkbox"/> NON-MILITARY (PHS, VA, etc.)				<input checked="" type="checkbox"/> SHORT COURSE <input type="checkbox"/> LONG COURSE (List specialty after appropriate category) <input type="checkbox"/> DEGREE <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> RESIDENCY <input type="checkbox"/> INTERNSHIP			
3. NAME	4. GRADE	5. MOS/SSI	6. CORPS/BRANCH	7. SSN	8. SECURITY CLEARANCE		
DOE, JOHN RANDAL	CPT/O-3	SP65A	SP	111-22-3333	Secret		
9. UNIT AND STATION (Address and Zip Code)		10. UIC		11. DUTY POSITION		12. OFFICE PHONE (Include area code and extension)	
AMEDD Student Detachment OSAMEDDC&S Fort Sam Houston, TX 78234-6100		K3VZ6A		Univ. of California Berkeley, CA 95112		HOME PHONE (415) 555-5678	
13. PURPOSE (Name of course, degree, etc. Attach copy of course brochure.)				14. LOCATION OF SCHOOL (Address and Zip Code - Add location of training if different from school)			
Industrial Economic and Safety Conference Annual International Conference				Omni Royal Orleans Hotel New Orleans, Louisiana			
15. BEGIN		16. END		17. LIST COSTS AS APPLICABLE		18. CATEGORY OF SERVICE	
7 June 1969		19 June 1969		REGISTRATION \$225.00 Workshop 75.00 Tuition OTHER Hotel 350.00		<input checked="" type="checkbox"/> REGULAR ARMY <input type="checkbox"/> INDEFINITE <input type="checkbox"/> OBS, ETS (Day, Month, Year)	
19. PARTICIPATION IN FEDERALLY FUNDED PROGRAMS (LPCT)							
<input type="checkbox"/> HPSP <input type="checkbox"/> 801-112 <input type="checkbox"/> USUHS <input type="checkbox"/> SENIOR STUDENT PROGRAM <input type="checkbox"/> DELAY PROGRAM UNTIL <input type="checkbox"/> NONE							
SHORT COURSES - ITEMS 20 THROUGH 27							
20. LIST COURSES TAKEN DURING CURRENT AND PRIOR FISCAL YEAR (Include courses in both federal facilities and civilian institutions and source of funding, e.g., local, MACOM, OTSG, AMEDD/FERSA Central Training Program. If none, so indicate.)							
1966 - None 1967 - Combat Psychiatry Course							
21. MAN-DAYS (Excluding travel time) FOR COURSE LISTED IN BLOCK 13		22. PROFESSIONAL LICENSE OBTAINED		23. SIGNATURE (Applicant)			
4		N/A		John R. Doe			
24. LOCAL APPROVING AUTHORITY (Check appropriate box and add remarks if applicable)							
<input type="checkbox"/> I RECOMMEND APPROVAL <input type="checkbox"/> I DO NOT RECOMMEND APPROVAL							
25. DATE		26. NAME, GRADE, BRANCH AND TITLE			27. SIGNATURE (Local approving authority)		

DA FORM 3838, NOV 82 EDITION OF NOV 77 IS OBSOLETE.

Figure 5-3

5-8. Advance TDY Travel Payments. All requests for advance TDY travel payment should be received by the ASD at least 45 days before your TDY departure date. Requests, on DA Form 2142, must include type of advance desired (TDY travel and per diem, travel only and/or per diem only), check mailing address, signature, and three copies of your TDY orders.

5-9. Submission of TDY Travel Voucher for Reimbursement.

a. Submit completed DD Form 1351-2 and DD Form 1351-2c (Travel Voucher Continuation Sheet), if applicable, to the ASD within five days after the end of TDY travel, unless directed otherwise. The following supporting documents must be attached to your voucher:

(1) Four copies of DD Form 1610 or other TDY orders with all amendments.

(2) Original and one copy of lodging receipts (when applicable).

(3) Original and one copy of all receipts for items to include transportation in excess of \$25.00 (when applicable).

(4) Original and one copy of statements of non-availability or impracticality if not in orders (when applicable).

(5) Original and one copy of government-procured transportation documents or receipts from transportation for unused tickets/transportation requests (when applicable).

Original copy of DD Form 1351-2 (if applicable).

(7) Individual payee copy of DA Form 31 when leave is authorized in conjunction with TDY.

(8) Two copies of statement from order approval authority authorizing delay en route (if applicable).

b. All foreign money amounts must be converted to American dollars.

5-10. Payment of TDY Travel Allowances. Reimbursement should be received four to six weeks after receipt by the ASD. During peak months (June to September) processing may take longer. You will be reimbursed by check, mailed to the address you request on the DD Form 1351-2.

5-11. Request for Permissive TDY. Submit your request for permissive TDY to Corps Education Branches (see address on page 1-3) on a DA Form 4187 (Personnel Action) prepared by ASD at

your request. After approval by a Corps representative, the requests are forwarded to ASD. Requests for ten days or less may be approved by the Commander, ASD, and must be received by the ASD at least 30 days prior to the desired departure date. Requests for 11 to 30 days must be approved by the Commander, MEDCOM (Prov) and must be received by the ASD at least 45 days prior to the desired departure date. Requests for 31 days or more require the approval of HQDA and must be received at least 60 days prior to the desired departure date. Send a separate request for each period. The request must:

a. Name the official event or activity that you want to attend, including justification for attendance.

b. Give your proposed itinerary from departure until return.

c. Include the following statement: "I understand that this absence is not directed by any official of the U.S. Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expense. Because this is a personally assumed absence, I understand that I have the right to cancel it at any time and return to my regular place of duty."

d. Permissive TDY, as indicated in the statement above, will not be utilized to conduct public business. Therefore, you may assume that permissive TDY cannot be utilized in conjunction with your educational program. Also, permissive TDY cannot be used to satisfy military training requirements or any other official business.

Chapter 6

Medical and Dental Care

6-1. Administrative. This chapter provides you with information on medical and dental care to include instructions on what to do for emergency care, routine care, and for processing claims. Information is being revised and will be in an upcoming newsletter.

6-2. Hospitalization. If illness or injury necessitates your hospitalization or confinement to quarters, ensure the ASD is notified as soon as possible. The ASD must also be notified immediately upon your return to duty.

6-3. Convalescent Leave. If you are placed on convalescent leave after discharge from the hospital, send the ASD a copy of the convalescent leave form provided by the hospital and immediately notify the ASD by phone.

6-4. Care at Military Facilities. You and your family members are entitled to medical care and hospitalization at any Armed Forces medical facility. When medical facilities of the uniformed services are available within your area of residence and can provide adequate care, you must use them. If facilities are not available, you may use other federal facilities such as Veterans Administration Hospitals or Public Health Service.

6-5. Civilian Medical/Dental Care for Active Duty Members. In nonemergency cases, if no federal medical facility is available, you may use a civilian medical facility for initial examination provided MEDDAC/MEDCEN costs are under \$250.00. Any additional treatment from a civilian medical facility must be approved in advance by the U.S. Army MEDDAC/MEDCEN responsible for your geographical area. It is recommended that you contact the appropriate military medical facility, by letter, prior to obtaining medical treatment to ensure they will reimburse you. Elective care cannot be provided from civilian sources at government expense. Annex A with address and phone numbers of MEDDACS/MEDCENS has been provided.

a. The letter must contain:

- (1) Your name, rank, SSN, and residence address (city, county, state, and ZIP code).
- (2) Place of duty (school and full address).
- (3) Expected date of departure from school.

(4) Previous duty station where treatment was available and dates of assignment.

(5) Reason care cannot be provided under the university health service program or at a federal medical treatment facility.

b. The doctor's statement must include:

(1) Diagnosis or character and extent of condition requiring treatment.

Professional procedures necessary

(3) Estimated cost of treatment, the exact type of service required, and the charge for each type of visit.

(4) Statement of whether or not the condition requiring treatment is chronic.

Estimated amount of time required to complete treatment

(6) Necessary x-rays (first examination, cleaning, and x-rays are reimbursable).

6-6. Emergency Medical Care. You may get treatment, at government expense, for an emergency illness or injury from any physician or civilian medical treatment facility. Emergency care is defined as medical treatment to prevent undue suffering or loss of life, or dental treatment for the relief of a painful or acute condition. Prior approval is not required. The attending physician/dentist must certify the emergency and your medical condition on the billing statement. Follow-up care should be handled the same as found in the above instructions for routine medical care.

6-7. Medical Claims to be Paid by MEDDAC/MEDCEN.

a. On completion of civilian medical care (emergency or routine), have the source of care (hospital or physician) prepare a statement of charges. Statement must include diagnosis, the exact service performed, date, and charge for each type of service, together with the following statement signed by the individual providing the treatment or the authorized representative of the facility:

"I certify that the services provided were necessary in the treatment of the above named person, that the services were as stated, and the charges are not in excess of those customarily made in this vicinity."

b. Send the statement, with the supporting documents, to the MEDDAC/MEDCEN. Payment of claims normally requires 60-120 days from the date the claim is received by the military facility

c. Should you encounter problems with the MEDDAC/MEDCEN you should immediately contact the ASD.

6-8. Medical Care for Family Members

a. If no Armed Forces medical facility is available, your family members may use the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). The CHAMPUS claims for non-emergency inpatient care for families within the zones around military hospitals may be denied unless a nonavailability statement is included. If you live within 75 miles of a service hospital, check with the Health Benefits Advisor at the nearest medical facility to find out if your home address falls within the hospital's zip code zone for health care. If so, you must use the hospital for any nonemergency inpatient care. Otherwise, you must get a nonavailability statement before using CHAMPUS (unless you have a private health insurance policy that pays first for medical services. If that is the case, you do not need a nonavailability statement). Beneficiaries have "free choice" for authorized civilian outpatient care. (See paragraph i below.)

b. All CHAMPUS claims require that all family members one year of age and older be enrolled in DEERS; all family members 10 years of age and older must have a current DD Form 1173 (Uniformed Services Identification and Privilege Card).

c. The cost to the sponsor under CHAMPUS basic program for outpatient treatment for active duty family members is a deductible amount for each fiscal year (FY) of the first \$50.00 (or \$100.00 for a family), for grades E-1 thru E-4 and \$150.00 (or \$300.00 for a family), for grades E-5 and up to include all officers. After the deductible amount is paid, CHAMPUS pays 80 percent of the allowable charges. (The physician may charge more than the allowable charge. Any overcharge becomes your responsibility to pay. You are encouraged to seek care from providers who accept the CHAMPUS rates.)

d. Inpatient care cost to the sponsor is \$25.00 per day or a small fee for each day in a civilian hospital, whichever is greater. File claims with the CHAMPUS contractor no later than 31 December of the following calendar year. For example, if you receive care in 1993, your claim forms must be received by 31 December 1994. To be sure, send any claims in by December 1st.

e. Many physicians, hospitals, etc., have supplies of CHAMPUS forms. If you cannot get the form you need, contact a CHAMPUS advisor, health benefits counselor or advisor at a uniformed services medical facility, or a CHAMPUS contractor.

f. Use a DD Form 2520 (CHAMPUS/CHAMPVA Claim Form) to submit claims for services or supplies provided by civilian hospitals. If a civilian physician agrees to participate in CHAMPUS and accepts the reasonable charge payment set by CHAMPUS, he will complete the form and send it to the CHAMPUS contractor. If the physician is not a participant, you must pay the bill and file your own claim enclosing all bills (paid/unpaid) and itemized receipts.

g. Submit DD Form 2520 for all care except as listed under (i) below

h. Emergency medical care, when certified by the attending physician, is also authorized under the CHAMPUS program.

i. Benefits not provided under the CHAMPUS program:

(1) Routine physical examinations for other than diagnostic purposes and routine immunizations (except for active duty family members who are on orders to travel outside CONUS as a result of their sponsor's duty assignment).

(2) Dental care (except as a necessary part of medical or surgical treatment).

(3) Well-baby care

j. The ASD does not process CHAMPUS claims nor are information or regulations available. To get more detailed information about CHAMPUS, contact:

(1) The CHAMPUS advisor at the nearest military treatment facility.

(2) Your family doctor or local hospital who participates in the CHAMPUS Program.

(3) The Executive Director, Office for the Civilian Health and Medical Program of the Uniformed Services, Aurora, Colorado 80240.

(4) CHAMPUS Advisor, Brooke Army Medical Center, Fort Sam Houston, Texas 78234. Telephone number (512) 221-0760, or DSN 471-0760.

6-9. Dental Care for Family Members

a. A Dental Insurance Plan went into effect on 1 August 1987, for active duty family members if they reside in CONUS. The benefit plan pays for certain dental services provided by a civilian dentist. Costs are based on the family size identified in the DEERS. There will be monthly charge of \$9.65 for a single

family member or \$19.30 for two or more family members. If a family member is not recorded in the DEERS database, the family member will not be automatically enrolled in the plan. Children under the age of four years old will not be automatically enrolled in the Dependent Dental Plan.

b. Family member dental care is not routinely provided by uniformed services dental facilities. Some military installations are authorized to provide definitive dental care for family members of active duty personnel on a space available basis when the family members reside within the limits of their geographic zone. You should check with the dental personnel at the installation in your area about the availability of family member care and the limits of the geographic zone.

6-10. Eye Examinations. Get prior approval from the ASD for an eye examination for glasses unless the exam is scheduled at a military installation. If you want to buy civilian eyewear, it will be at your own expense. When a claim is sent to the responsible MEDDAC/MEDCEN, you will be reimbursed under the prescribed rate schedule.

6-11. Dental Care for Active Duty Members.

a. Much like obtaining medical care--dental care is coordinated with the nearest dental activity (their addresses and phone numbers are provided within Annex B).

b. Dental claims are processed by submitting your bills to the address of the dental activities.

c. Again, it is recommended you contact the dental activity prior to obtaining dental care. There are many limitations and procedures which are not approved for payments!

Chapter 7

School and Training Information

7-1. Administrative. This chapter provides you with information and instructions on civilian school programs and training.

7-2. Fully Funded Program. The fully funded program is a full-time civilian schooling program of 20 weeks or more. The Army pays all tuition and fees and allows reimbursement of up to a maximum of \$650.00 the first fiscal year of training; \$500.00 if less than 6 months, \$700.00 maximum the second fiscal year of training; \$350.00 if less than 6 months, \$550.00 maximum the third fiscal year of training; \$275.00 if less than 6 months for textbooks and supplies. An additional allowance of \$200.00 for a Master's thesis and \$500.00 for a Ph.D dissertation is authorized for officers. You draw full pay and allowances and are authorized a PCS to attend school. Your orders will specify the length of time allowed for you to complete your training. The fully funded program cannot be used in conjunction with tuition assistance or with VA benefits. Completion of requirements for a degree pursuant to a fellowship, scholarship, or grant will be in accordance with the provisions of AR 621-7 (Acceptance of Fellowships, Scholarships, or Grants), to include service obligation.

7-3. Contracts for Fully Funded Students. If you are attending a civilian institution under the fully funded program and have questions about your contract, contact the United States Army Health Professional Support Agency, ATTN: SGPS-EDT, 5109 Leesburg Pike, Falls Church, VA 22041-3258 or telephone (703) 756-8250, or DSN 289-8250.

7-4. Reimbursement for Textbooks and Supplies Under the Fully Funded Program.

a. Amounts Authorized. If you are attending school for six months or more in a fiscal year (1 October-30 September), you are authorized up to \$700.00 reimbursement for textbooks and supplies. For less than six months schooling in a fiscal year, you are authorized up to \$500.00. Submit SF 1034 (Public Voucher for Purchases and Services Other than Personal) for repayment claim reimbursement for the fiscal year in which the purchase is made even though use or actual payment of the item extends over one or more fiscal years.

b. You may submit two requests for reimbursement per fiscal year. These requests must be submitted within 30 days after a fiscal year or graduation date, whichever occurs first. Request may be made for purchases up to 30 September, the end of the fiscal year. Clearly mark the last voucher for the fiscal year as

"final." Late receipt may prevent payment as funds are often not available after the end of the fiscal year.

c. Expenditures authorized

(1) Textbooks and reference books needed for courses unless provided by the training institution.

(2) Expendable school supplies, to include paper, ribbons, blank disks, and computer software absolutely required for specific courses.

Typewriter rental fees

(4) Graduate Record Examination aptitude test fees and Graduation Management Admission Test fees.

(5) Typing, reproduction, binding, and other fees connected with your thesis or other papers required by the school (Family members are not authorized reimbursement for services.)

(6) Transcripts, when required by school, accepted and final for the Army.

d. Expenditures not authorized.

(1) University automobile registration, parking fees, locker fees, athletic fees, and insurance.

Items of clothing (to include uniforms).

(3) Briefcases.

(4) Desks, chairs, filing cabinets, or other furniture.

(5) Fraternity fees, pins, rings, etc.

(6) Interest payments on loans for tuition or books

(7) Sales taxes

e. Preparation of SF 1034 (see Figure 7-1, page 7-4).

(1) In the top section, enter "Department of the Army" as the department, bureau, or establishments and write, or type, the date of preparation. As payee, you will list your name, SSN, and the address to which you want the check mailed. No payee account number is required.

(2) In the "description of articles and services" sections, clearly show entitlement by stating: "The following

expenses were incurred in connection with attendance at(name of school) during the period to under the provisions of AR 351-3." If this is your final voucher in a fiscal year, enter "This is a final voucher." Sign the voucher in the space for "Articles and Services." DO NOT SIGN in the spaces of "approving officer," "authorized certifying officer," or the "payee" space at the bottom of the voucher.

(3) List all items in the "description of articles and services" section, a Continuation Sheet (SF 1035), or a list attached to the voucher. Show the date of purchases, a brief description, unit price, and amount in the proper spaces.

(4) Do not list low-cost expendable supplies individually when the total amount of a single purchase is less than \$5.00. However, attach original receipts for ALL items claimed. Ensure the date on the receipt corresponds with the fiscal year in which the claim is being made. Claims for only one fiscal year will be made on any one voucher.

(5) Show the total amount listed in the block labeled "total."

(6) Attach to each voucher dated receipts clearly marked "paid" for all purchases or payments. Canceled checks or other charge receipts are acceptable when the item bought is fully described in the "articles or services" section and the receipts show the store where the purchase was made. Legible photostatic copies are acceptable. Canceled checks submitted if copies must submit both sides of checks.

(7) Send completed typed voucher (original and four copies, leaving carbons attached), together with all receipt, to the ASD. All copies must be legible or processing may be delayed. Allow 6-8 weeks for processing. During the period May to September, processing may take up to 12 weeks due to in-processing and out-processing workloads.

(8) Receipts must be glued on an 8" X 10 1/2" bond paper in the order in which you listed the receipts. No photocopies of SF 1034's will be accepted. If you need more forms, call the ASD.

7-5. Partially Funded Programs (Civilian Facilities). The partially funded program is a full-time civilian schooling program for officers. The Army authorizes full pay and allowances, but you must pay for all tuition, fees, and textbooks. In-service financial aid may be available under the Vietnam GI Bill, Post-Vietnam Era Assistance Program, or the AH Volunteer Force Educational Assistance Program (New GI Bill).

Standard Form 1054 Revised January 1959 Department of the Treasury TFRM 4-3055		PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL				VOUCHER NO.																																																																											
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1054-110-01
PRIVACY ACT STATEMENT
 The information requested on this form is required under the provisions of 31 U.S.C. 824 and 825, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Figure 7-1

7-6. Partially Funded Programs (Federal Facilities). Officers training in a federal facility program that results in the award of a degree and who attend school for a period of six months or more in a fiscal year are authorized up to \$300.00 reimbursement for specified expenses incurred during the FY. For less than six months of attendance in a given FY, reimbursement is authorized up to a maximum of \$150.00. When the total length of instruction is less than six months, even if training overlaps two FYs, reimbursement will not exceed \$150.00 in total.

7-7. Reimbursement for Thesis and Dissertation Costs. Officers in fully funded programs and partially funded federal facility programs are authorized reimbursements as follows:

a. Thesis for Master's program. Reimbursement is limited to \$200.00.

b. Dissertation for Ph.D program. Reimbursement is limited to \$500.00. Reimbursements for thesis and dissertation expenses are submitted on separate vouchers from other expenses. Voucher must clearly indicate that it is for thesis or dissertation expenses and submitted before you leave the program.

7-8. Academic Hour Requirements. While attending a civilian institution under a full-time civilian education program, students must continue enrollment on an uninterrupted basis, to include summer sessions, where applicable.

a. Officers attending schools that do not have regular summer sessions will submit a proposed program for research or other educational opportunities during the summer sessions to the appropriate career branch.

b. Students must adjust their academic program to take the following workloads or that level of courseload defined as full-time in the school's catalog:

<u>Academic System</u>	<u>Academic Degree Being Pursued</u>	<u>Minimum Workload (Academic Hours Per Training Period)</u>
Semester	Graduate	12 hours/semester
	Undergraduate	15 hours/semester
		15 hours/semester
Total summer period (for schools on semester system) (6 hrs each session)	Graduate, Undergraduate	12 hours/if school has two sessions during summer period
		9 hours if single session
Quarter (includes summer quarter if 3 months long)	Graduate	12 hours/quarter
	Undergraduate	15 hours/quarter
		15 hours/quarter

c. Officers must request approval in writing from the appropriate Corps Education Branch if they foresee that they cannot complete the designated minimum workload per academic training period. Officers will also need approval if a particular school policy recommends taking a workload less than the minimum shown on the above table. If degree requirements are to be satisfied in less time than is allowed by your orders, immediately notify your career branch.

7-9. Extensions of Training Programs. You are expected to complete all degree requirements within the time specified in your orders. If additional time is required, officers will submit a request for extension approval to the Corps Education Branch. This request must arrive in the career branch no later than four months before the required finish date specified in the orders. The request must contain a letter from the dean of the college or head of the academic department concerned attesting to the need for additional time and the exact date that the schooling will be completed. Enlisted personnel should immediately contact SGPS-EDI at DSN 221-8275 or commercially (703) 756-8275.

7-10. Withdrawals from the Training Program (officers only). Students who decide to withdraw from training prior to completion must submit a request to their Corps Education Branch. The request must contain an effective date of withdrawal and a statement from the training program director indicating acceptance of the withdrawal request.

7-11. Report to Training Agency (DA Form 2125)

a. Preparation of DA Form 2125 (see Figure 7-2, page 7-7). The first DA Form 2125 you must submit will include your proposed program of instruction, listing course number and title by academic session for the entire period of schooling. The anticipated date of graduation (day, month, and year) will be shown on each DA Form 2125. Prepare this form in consultation with, and have it signed by, your advisor.

b. Subsequent DA Forms 2125 will show changes in your proposed program of instruction. Changes in discipline or graduation date must have prior approval of your career branch. The changes will include approval and signature of your faculty advisor.

c. Submit the DA Form 2125 to your Corps Education Branch (for officers) or to HPSO-OSG (for enlisted), within 10 workdays after registration for each semester, term, quarter, or summer session. If you are within six months of your completion date, indicate whether a thesis or dissertation is a requirement for graduation. Use the remarks section to explain below average

REPORT TO TRAINING AGENCY							
For use of this form, see AR 621-1; the publication agency is DCS&A.							
AUTHORITY:		Section 301, Title 9, USC; Sec 3013, Title 10, USC.					
PRINCIPAL PURPOSE:		To provide a continuing contact with the military student while in attendance at a civilian school under a military sponsored program.					
ROUTINE USES:		Data collected is used to identify the school; to monitor the subject student; to obtain student response to selected question; to identify the Army program; to obtain course title /s/, credit hours and grades; to obtain academic plan including faculty advisor awareness; and to establish an address including home phone whereby the military student can be contacted close, normally, the student will reside off-post.					
DISCLOSURE:		Disclosure of information is mandatory. If required information is not provided removal from the school could result or military student could be subject to a violation of Article 92 UCMJ.					
Last Name - First Name - Middle Initial				Grade	Social Security No.	Branch/AFSC (Officer) (EM)	
DOE, JOHN R.				CPT/O-3	111-22-3333	ANC/66G9CRE	
Current Mailing Address (Include ZIP Code)				Home Phone (Include Area Code) (999)	Army Program (Check one)		
1111 Somewhere Street Anywhere, State 00000				555-1234	<input checked="" type="checkbox"/> Fully Funded <input type="checkbox"/> Advanced Degree For ROTC Instruction Duty <input type="checkbox"/> Degree Completion <input type="checkbox"/> Cooperative Degree		
Name of School (City & State)				Major Field and Subject		Type System (Check one)	
School of Nursing, The Catholic University of America, Washington, DC 20064				NUR-Clin Specialist		<input checked="" type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Other	
Official Title of Degree Which You Expect to Receive				Date Expected	Undergraduate School or Graduate Department or Program in Which Enrolled		
Master of Science in Nursing				Feb 1990	School of Nursing		
UPCOMING QUARTER, SEMESTER OR TERM				QUARTER, SEMESTER OR TERM JUST COMPLETED			
Begin		Will end		Begin		Ended	
NA		NA		29 Aug 1988		19 Dec 1988	
SUBJECTS TO BE STUDIED				SUBJECTS STUDIED DURING ABOVE PERIOD			
Dept.	Course No.	Course Title	Credit Hours	Dept.	Course No.	Course Title	Credit Hours (If available)
				NUR	743	Clinical Nrs III	1 A
				NUR	835	Role Practicum	1 A
				NUR	996	Thesis	1 N/A
Give reason for any absence which may affect your ability to keep up with your studies (Sickness, travel, or other circumstances)							
None							
If you are having any difficulty with your academic work, give pertinent details							
None							
If any subjects have been dropped since last report, give reasons							
None							
If any subjects outside of normal prescribed course have been added since last report, give complete information (If added courses will necessitate a change in present schedule, clearance must be obtained from the training agency.)							
None							
Remarks (Enter any recommendations, observations, or requests you desire to make)							
NA							
NOTE: The reverse side of this form will be completed by the student and faculty advisor initially upon entry into school and when changes in academic programs are required.							
Date		Signature of Student					
29 Dec 1988		John R. Doe					

DA FORM 2128 OCT 84

EDITION OF MAY 74 IS OBSOLETE.

Figure 7-2

grades, whether these low grades will affect your getting a degree or completing your training as scheduled, and whether special arrangements have been made with the school to allow you to continue.

7-12. Material for Publication or Presentation

a. In accordance with AR 360-5, paragraph 4-2c, and AMEDDC&S Reg 360-1, paragraph 4c, any materials which you wish to submit for publication or presentation that involve operations of the national government, military matters, or foreign policy, must be reviewed and cleared by the AMEDD. Such documents must be submitted in triplicate to the Corps Education Branch which will, in turn, route them to the appropriate activity for review and approval. You are not to commit these documents for publication or presentation prior to receiving such approval. Allow a minimum of 60 days for the review process. Upon approval, the documents will be returned to you.

b. Writings or speeches on topics not involving operations of the national government, military matters, or foreign policy; letters to the editor; and book or theatrical reviews expressing personal opinions, but not implying government sanction, need not be submitted for review. However, an appropriate disclaimer must accompany manuscripts submitted for publication or presentation in a private capacity. The following is considered an appropriate disclaimer: "The views expressed in this article/book/speech are those of the author and do not reflect the official policy or position of the Department of the Army, Department of Defense, or the U.S. Government."

Chapter 8

Reassignment and Out-processing

8-1. Administrative. This chapter contains, instructions on reassignment and out-processing procedures for officers to follow upon completing your period of study. Enlisted personnel will be notified of reassignment and out-processing actions within six months of graduation.

8-2. PCS Departure Date. According to the established ASD policy and current DA policies, your departure date is governed by your completion date and PCS assignment orders. An earlier departure is authorized if you have completed all course requirements. Departure dates later than indicated below are not authorized.

a. Your departure date will not be later than five workdays following completion date if:

(1) Your orders do not direct TDY en route

You are not authorized to elect a TDY option

You elect TDY option #4 below.

b. If you elect TDY option #1 or #3 (see paragraph 8-4), your departure date will be no later than 10 days after the ending date of TDY, plus authorized travel time from TDY station to present duty station.

8-3. Reassignment Orders.

a. Your career branch will send your reassignment instructions to the ASD. Normally, reassignment instructions are received at least 90 days before your completion date. Orders will be published as early as five months before your computation date, if reassignment instructions are received, or on receipt thereafter. If you are authorized to elect a TDY option under the DA-directed TDY schooling policy, orders will be issued after you have returned the signed TDY option form. Questions about PCS orders should be directed to the ASD.

b. The ASD will send you a PCS processing packet upon receipt of your reassignment instructions from the career branch. To ensure prompt and accurate processing of your PCS orders, complete all forms requested and return as soon as possible. Depending on your assignment, you may be requested to complete all or some of the following forms:

(1) DA Form 4787 (Reassignment Processing). If you are assigned overseas, this form is your request for family travel, if authorized.

(2) DA Form 5120-R (TDY Schooling in Conjunction with PCS Option Statement). If reassignment instructions include DA-directed TDY schooling and you are authorized to elect a TDY option, you must complete and return this form before your PCS orders will be issued.

(3) DA Form 5121-R (Overseas Tour Election Statement). You are required to complete this form if you are being reassigned overseas.

(4) DA Form 4036-R (Medical & Dental Preparation for Overseas Movement). A physician must complete this form. Yellow fever immunization is required if assigned to Panama or Egypt. A series of three hepatitis "B" vaccines, given 30 days apart, are required if assigned to Korea. This form must be accurately completed before PCS orders and your personnel file can be released.

(5) An important step for your medical preparation for overseas movement is the HIV test. A PCS HIV test must be updated six months prior to your departure. Your PCS orders WILL NOT be issued until receipt of the HIV test results in the ASD.

c. Orders will be sent to your current mailing address. You should get them about 10 days after publication date.

d. The DA must authorize all changes to reassignment instructions before orders will be amended. You are authorized to contact your career branch about your reassignment orders or the ASD.

e. If you have not received your orders or a notification from the DA within 90 days of your completion date, contact either your career branch or the ASD.

8-4. TDY Options. Department of the Army-Directed TDY Schooling in Conjunction with PCS.

a. If you receive notification of DA-directed TDY schooling in conjunction with your PCS, and you have family members, you may elect one of the following options under DA Pam 600-8 (Management and Administrative Procedures: Individual Assignment and Reassignment Procedures) and AR 614-6 (Permanent Change of Station Policy):

(1) Option 1--Election to have dependents currently living in government quarters stay in those quarters until completion of the TDY period. Government travel will be allowed to and from TDY station with 10 days to move dependents on from TDY (applies to CONUS to CONUS and CONUS to overseas movement).

(2) Option 2--Election to move dependent(s) from present CONUS or overseas station to new CONUS duty station before reporting to TDY. Ten duty days will be allowed to settle family before TDY starts (applies to CONUS to CONUS or overseas to CONUS movement). You must report to duty (sign in) at your new station at least 10 days, plus authorized travel time, before reporting date to TDY station. Eligibility for quarters will be based on the date you leave your last duty station if advance application (DA Form 4784) has been made according to AR 210-50 (Housing Management). (Not applicable to students being assigned to the ASD for schooling or training.)

(3) Option 3--Election to return to present duty station on completion of TDY to move dependents living on the economy to new duty station. Ten days will be allowed on return from TDY to move and settle family before reporting to the new duty station. (Applies to CONUS to CONUS and CONUS to overseas movement.)

(4) Option 4--Election to clear present duty station on completion of TDY and have dependents go with you to TDY station or some other location at personal expense. Entitlement to dependent travel will be based on most direct route from present duty station to new duty station. (Applies to CONUS to CONUS, overseas to CONUS, and CONUS to overseas movements.)

b. If you elect option 1, 2, or 3, a separate order for TDY and PCS may be issued, or, depending on assignment, the TDY and PCS information may be issued on the same order. The above options do not apply when:

(1) Directed TDY station is the same as current duty station or same as new duty station.

(2) Elected option prevents compliance with reporting date to TDY or new duty station. Reporting dates will not be changed without the approval of your career branch.

(3) Your dependents will stay in their current living quarters during the next assignment (no relocation involved).

(4) You are single.

8-5. Passports. If being reassigned overseas, each family member must have an individual passport, regardless of age. If family member passports are needed, put the following statement in item 43, DA Form 4787: "Request DD Form 1056 be issued." DD Form 1056 (Authority to Apply for a No-Fee Passport) will be mailed to you with instructions.

8-6. Authorized Modes of Travel in Conjunction with PCS.

a. CONUS to CONUS.

(1) You are authorized to travel by commercial transportation or private auto not to exceed coach fare for authorized mileage.

(2) You may be authorized to use more than one privately owned conveyance in conjunction with a PCS under the following conditions:

(a) If more members of the family travel than can reasonably be transported together with luggage in one vehicle. "Reasonably be transported together" is considered to mean five or more authorized travelers.

(b) If, because of age or physical condition, special accommodations are needed to transport a family member in one vehicle, and a second vehicle is required for travel of the other family members.

(c) If you must report to a new duty station in advance of travel by your family members who delay travel for acceptable reasons such as completion of a school term, sale of property, settlement of personal business affairs, disposal or shipment of household goods and personal effects, or adequate housing not immediately available at the new duty station.

(d) If one or more of your family members travels alone between authorized points other than those for your travel (such as travel to a designated point or to the new duty station when you are TDY en route).

(e) If, in advance of your reporting date, your family members must travel to the new duty station for acceptable reason such as to enroll children at the beginning of a school term.

(3) If you meet the requirements for use of more than one privately owned conveyance, upon receipt of your PCS processing packet, contact the ASD for authorization. This authorization must be part of the additional instructions in your PCS orders.

b. CONUS to Overseas (including Hawaii and Alaska)

(1) You may travel by Military Aircraft Command (MAC) or contract aircraft by requesting a port call. You must arrange for travel from your duty station to the port.

(2) You may request authorization to travel by commercial air and be reimbursed at your new duty station. Reimbursement will not be authorized unless PCS orders show the commercial travel authorization. Rate of reimbursement cannot exceed the MAC travel rate. Travel cost over the MAC rate will be at your own expense. You must use a United States airline and you are not entitled to any military discount fares.

(3) Travel by private auto to Alaska must be requested and authorized by the overseas command (Fort Richardson) and shown on your PCS orders or dependent travel orders for you to be reimbursed. Submit request in lieu of a port call.

8-7. Port Call and Concurrent Travel.

a. You are responsible for requesting your port call. The PCS processing packet includes the form and instructions. Request a port call from a local transportation office. If you are attending school in Hawaii, Alaska, or a foreign country, contact the local transportation office to arrange for travel. If you are being reassigned to an unaccompanied tour and have TDY en route for 30 days or more, recommend you apply for your port call at your TDY station. (This does not apply to TDY periods of less than 30 days or if you elect Option 1 or 3.)

b. If you are being reassigned to an area where travel is authorized for dependents and you want your dependents to accompany you, submit a DA Form 4787 with your request for port call by the suspense date from the PCS processing packet.

c. Concurrent travel must be approved by the overseas commander and normally needs a minimum processing time of 30 days from the date received by the overseas command. Approval/disapproval of concurrent travel should not be expected more than 120 days from the availability date shown in your orders. (This does not apply when your orders show automatic approval of concurrent travel.) On receipt of reply from the overseas command, your orders will be amended to show either concurrent or deferred travel. It is very important that you give the ASD a valid mailing address and telephone number.

d. General questions about port calls or concurrent travel should be directed to the ASD.

8-8. Shipment of Household Goods and Private Auto.

a. On receipt of PCS orders, contact the nearest military installation transportation office to arrange for shipping your household goods and private auto. If you are on orders for overseas assignment and have applied for dependent travel, the transportation office will not set a specific date for pickup of household goods until you have received either deferred or current travel orders for your dependents.

b. If you plan a DITY move of your household goods, be sure you comply with instructions in paragraph 2-11d (applies only to CONUS to CONUS moves.)

8-9. PCS Financial Matters

a. Review your allotments and monthly check mailing address at least 90 days before your completion date. Send changes to the ASD at least 45 days before completion date.

b. Unless otherwise indicated, you are authorized to request the following advance payments: one month's pay, travel for you and your dependents, TDY travel and per diem (if applicable), and dislocation allowance. See paragraphs 2-9a, 3-7, and 3-8 for additional instructions.

8-10. PCS Leave

a. A partially completed DA Form 31 will be provided in your out-processing packet for your PCS leave. Everyone departing the ASD must fill out a DA Form 31. If no leave is taken, none will be charged, but the gaining finance office will need a DA Form 31 to compute actual travel time versus authorized travel time. Completed DA Form 31 must be returned to the ASD with your other out-processing documents. Your records will not be released until your DA Form 31 has been processed by the ASD.

b. Complete the DA Form 31 (see Figure 8-1, page 8-8). Make sure all copies are legible. When completing the form, give special attention to the following items:

(1) Block 8a--"From" date. You are authorized five duty days for clearing as long as you remain at the duty station. This does not include weekends or holidays. You will leave no later than the day after your authorized clearing time.

(2) Block 8b--"To" date. This date is the report date, as published in your PCS orders, to your next permanent duty station.

(3) Block 13--Leave address to include ZIP code, area code, and telephone number. It is important that this information be valid if it becomes necessary to contact you during your leave/travel time or if we have to mail your records to your leave address.

c. If you plan to visit any foreign country or Hawaii or Alaska during your PCS leave, contact the leave clerk for specific instructions before submitting your DA Form 31.

d. If you plan to ask for permissive TDY for house hunting in conjunction with your PCS leave, see the specific instructions listed below.

e. If your PCS orders authorize TDY en route route, make sure that item 26 of the DA Form 31 is completed when reporting and departing your TDY station. (Does not apply for TDY and return, TDY option 1, 2, or 3, unless you take leave in conjunction with TDY.)

8-11. Permissive TDY for House Hunting

a. Permissive TDY for house hunting incident to PCS may be authorized up to a maximum of 10 days when government housing or quarters are not immediately available, or if available, not required to be occupied at the gaining station. If you intend to occupy government quarters, even though occupancy is not a requirement, you are not eligible for permissive TDY. Questions should be directed to the ASD before requesting TDY. Your request must be submitted on DA Form 4187 (Personnel Action) (see Figure 8-2, page 8-9). Only one house hunting trip is authorized per set of TDY orders. Permissive TDY may be authorized:

(1) After official written notification of PCS orders, but before departure from the ASD. This period includes travel time. You must return to your duty station for at least one day after completing TDY before starting your PCS leave.

(2) Together with PCS travel and leave, submit this request at the time you submit your PCS travel.

(3) On arrival at your new duty station. The new commander must make sure that government housing is not available, or if available, is not required to be occupied. Report to the Housing Referral Office for assistance.

(4) If you are scheduled for an unaccompanied tour or have received deferred travel authorization of 120 days or more you may request permissive TDY to settle your family at a designated location.

b. If you request permissive TDY for a, b, or d above, you must get a DD Form 1747 (Status of Housing Availability) from the family housing office at your gaining installation or designated location. The DD Form 1747 will be attached to the DA Form 4187. Information on the DD Form 1747 will be used as justification for approving or denying your request.

PERMISSIVE TDY AUTHORITY FOR LEAVE					
For use of this form, see AMEDDC&S Pam 1-3, the appropriate agency to ODC/PC&A, and the appropriate agency to ODC/PC&A.					
PART - I					
1. Name (Last, first, middle) DOE, JOHN S.	2. Social Security No. 111-22-3333	3. Pay Grade O-4	4. Date 5 May 90	5. Position PCS	
6. Organization and Station AMEDD STU DET W/Oy Georgetown Univ. Wash D.C. 20307	7. Type of Assignment a. <input type="checkbox"/> Temporary Leave b. <input checked="" type="checkbox"/> Permanent Change PCS		8. Dates a. From 1 Aug 90 b. To 15 Aug 90		
9. Current Address (Include ZIP Code and Telephone No.) 131 Moss St. New York, NY 10473 (212) 555-1111	10. Signature of Assignee <i>John S. Doe</i>	11. Signature of Assigning Authority <i>William Brown</i>	12. Signature of Approving Authority <i>Joe V. Smith</i>		
13. Name, Title, Organization of Approving Authority JANE V. SMITH, LTC, MG, CGR					
14. Signature of Approving Authority					
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100. Signature of Approving Authority					

DA FORM 31

REPLACES EDITION OF 1 OCT 84, WHICH WILL BE USED

ORIGINAL 1

Figure 8-1

PERSONNEL ACTION <small>For use of this form, see DA Pam 600-5 and AR 600-5; the processing agency is MILPSPICEN.</small>																																													
DATA REQUIRED BY THE PRIVACY ACT <small>Authority: Title 5, section 552a; Title 18, U.S.C. § 853. Principal Purpose: Use by service members in accordance with DA Pamphlet 600-5 when requesting a personnel action on their own behalf (Section III). Reason: Use: To initiate the processing of a personnel action being requested by the service member. Challenge: Voluntary. Failure to provide Social Security Number may result in a delay or error in processing of the request for personnel action.</small>																																													
TO: (Include ZIP Code) Commander AMEDD Student Detachment Fort Sam Houston, TX 78234	FROM: (Include ZIP Code) MEMORANDUM CPT JOHN R. DOE 1111 Somewhere Street Anywhere, State 99999-0000																																												
SECTION I - PERSONAL IDENTIFICATION																																													
NAME (Last, First, MI) DOE, JOHN R.	GRADE OF RANK/PROB (2nd entry) CPT/O-3	SOCIAL SECURITY NUMBER 111-22-3333																																											
SECTION II - DUTY STATUS CHANGE (Proc 1-1, DA Pam 600-5)																																													
The above member's duty status is changed from _____ to _____ effective _____ month, _____ 19____.																																													
SECTION III - REQUEST FOR PERSONNEL ACTION																																													
I request the following action:																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">TYPE OF ACTION</th> <th style="width: 50%;">Procedure</th> </tr> </thead> <tbody> <tr><td>Service School (2nd entry)</td><td></td></tr> <tr><td>ROTC or Reserve Component Duty</td><td></td></tr> <tr><td>Volunteer for Overseas Service</td><td></td></tr> <tr><td>Reserve Training</td><td></td></tr> <tr><td>Reserve Extreme Family Problems</td><td></td></tr> <tr><td>Reserve Reassignment (2nd entry)</td><td></td></tr> <tr><td>Active Training</td><td></td></tr> <tr><td>Special Forces Training/Assignment</td><td></td></tr> <tr><td>On-the-job Training (2nd entry)</td><td></td></tr> <tr><td>Retesting in Army Personnel Tests</td><td></td></tr> </tbody> </table>	TYPE OF ACTION	Procedure	Service School (2nd entry)		ROTC or Reserve Component Duty		Volunteer for Overseas Service		Reserve Training		Reserve Extreme Family Problems		Reserve Reassignment (2nd entry)		Active Training		Special Forces Training/Assignment		On-the-job Training (2nd entry)		Retesting in Army Personnel Tests		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">TYPE OF ACTION</th> <th style="width: 50%;">Procedure</th> </tr> </thead> <tbody> <tr><td>Reassignment Married Army Center</td><td></td></tr> <tr><td>Reclassification</td><td></td></tr> <tr><td>Officer Candidate School</td><td></td></tr> <tr><td>Agent of Force with Exceptional Family Members</td><td></td></tr> <tr><td>Identification Card</td><td></td></tr> <tr><td>Identification Tag</td><td></td></tr> <tr><td>Separate Ration</td><td></td></tr> <tr><td>Leave - Request/Advance/Outside CONUS</td><td></td></tr> <tr><td>Change of Name/SEN/DOB</td><td></td></tr> <tr><td>Other (Specify)</td><td></td></tr> </tbody> </table>	TYPE OF ACTION	Procedure	Reassignment Married Army Center		Reclassification		Officer Candidate School		Agent of Force with Exceptional Family Members		Identification Card		Identification Tag		Separate Ration		Leave - Request/Advance/Outside CONUS		Change of Name/SEN/DOB		Other (Specify)	
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Other (Specify)																																													
SIGNATURE OF MEMBER (or Authorized Representative) <i>John R. Doe</i>		DATE 1 April 1989																																											
SECTION IV - REMARKS (Apply to Sections II, III, and V) (Continue on separate sheet)																																													
In accordance with AR 630-5, Chapter 12, Paragraph 12-4, request I be granted Permissive TDY for the purpose of Househunting.																																													
10 days in conjunction with PCS Leave and Travel.																																													
Beginning and ending dates _____																																													
Area of Permissive TDY: _____																																													
DD Form 1747 (1a) (is not) attached (IF NOT ATTACHED-PLEASE ANNOTATE CONVERSATION WITH WORKING).																																													
I understand that this absence is not directed by any Official of the US Government. I further understand that I cannot conduct public business under this authorization. Accordingly, I will not be entitled to reimbursement for travel, per diem, or any other expenses. Because this is a personally assumed absence, I understand that I have the right to cancel at any time and return to my regular place of duty.																																													
SECTION V - CERTIFICATION/ APPROVAL/ DISAPPROVAL																																													
I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein:																																													
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED </div>																																													
COMMANDER/AUTHORIZED REPRESENTATIVE	SIGNATURE	DATE																																											

DA FORM 4187
DEC 82

EDITION OF FEB 81 WILL BE USED

COPY 1

Figure 8-2

8-12. Shipment of Records.

a. Your personnel file and PCS finance documents will be out-processed and mailed to your home address approximately 10 days before your completion date, as long as orders have been published and the DA Form 31 processed. Also, if a PCS HIV test was required, the results must be received by the ASD before your files can be released.

b. If you are attending a foreign school and being reassigned to CONUS, give the ASD a CONUS address for mailing your records. If an address is not received by the ASD within 15 days of your completion date, records will be sent to your new duty station.

c. If your flight records were provided to the ASD, will be returned to you with your other records.

8-13. PCS Reminders.

a. As you prepare to leave the ASD, check the following items to ensure you have:

- (1) Advised the ASD of your correct completion date.
- (2) Received copies of your orders, including all amendments
- (3) Completed and returned required forms from the PCS processing packet.
- (4) Completed actions for passports, if applicable
- (5) Received port call instructions.
- (6) Received approval/disapproval of concurrent travel, if applicable.
- (7) Submitted requests for advanced pay, travel, travel and per diem (if applicable), dislocation allowance, and all desired pay changes.
- (8) Submitted your PCS leave on DA Form 31.
- (9) Received your DA Form 1059-1 (AER).
- (10) Received your personnel, finance, and flight records (if applicable).

b. Contact the ASD if you have questions or have not received any of the above documents.

APPENDIX A

ALPHABETICAL LISTING OF HEALTH SERVICE AREAS

1. ALABAMA.

a. Fort Benning Health Service Area: MEDDAC, Patient Administration Division, tel (706) 544-4358, DSN 784-4358.

Geographical Area: ALABAMA counties of Bullock, Chambers, Coosa, Elmore, Lee, Macom, Montgomery, Russell, and Tallapoosa.

b. Fort McClellan Health Service Area: MEDDAC, Patient Administration Division, tel (205) 848-2557, DSN 865-2557.

Geographical Area: ALABAMA counties of Blount, Calhoun, Cherokee, Clay, Cleburn, Colbert, Cullman, DeKalb, Etowah, Fayette, Franklin, Jefferson, Lamar, Lawrence, Marion, Marshall, Morgan, Pickens, Randolph, Shelby, St. Clair, Talladega, Tuscalloosa, Walker, and Winston.

c. Fort Rucker Health Service Area: Aeromedical Center, Patient Administration Division, tel (205) 255-7234, DSN 558-7234.

Geographical Area: ALABAMA counties of Autauga, Baldwin, Barbour, Bibb Bulter, Chilton, Choctaw, Clarke, Coffee, Conecuh, Covington, Crenshaw, Dale, Escambia, Geneva, Greene, Hale, Henry, Houston, Lowndes, Marengo, Mobile, Monroe, Perry, Pike, Sumter, Washington, and Wilcox.

d. Redstone Arsenal Health Service Area: MEDDAC, Patient Administration Division, tel (205) 876-8513, DSN 746-8513.

Geographical Area: ALABAMA counties of Jackson, Lauderdale, Limestone, and Madison.

2. ALASKA

Alaska Health Service Area: MEDDAC, Patient Administration Division, tel DSN 317-353-5200.

Geographical Area: State of ALASKA.

3. ARTZONA.

Fort Huachuca Health Service Area: MEDDAC, Patient Administration Division, tel (602) 533-2350, DSN 821-2350.

Geographical Area: State of ARTZONA

4. ARKANSAS

Fort Sill Health Service Area: MEDDAC, Patient
Administration Division, tel (405) 351-0755, DSN 639-0755
Geographical Area: State of ARKANSAS.

5. BAHAMA ISLANDS

Fort Gordon Health Service Area: DDEAMC, Patient
Administration Division, tel (404) 791-3577, DSN 780-3577
Geographical Area: Active duty Army personnel in the Bahama
Islands.

6. BERMUDA ISLANDS.

Fort Gordon Health Service Area: DDEAMC, Patient
Administration Division, tel (404) 791-3577, DSN 780-3577.
Geographical Area: Active duty Army personnel in the Bermuda
Islands.

7. CALIFORNIA.

a. Fort Ord Health Service Area: MEDDAC, Patient
Administration Division, tel (408) 242-3304, DSN 929-3304
Geographical Area: CALIFORNIA counties of Fresno, Kern, Kings,
Los Angeles, Madera, Mariposa, Merced, Monterey, Orange,
San Benito, San Luis Obispo, Santa Barbara, Tulare, and Ventura

b. Fort Lewis Health Service Area: MAMC, Patient
Administration Division, tel (206) 968-1631, DSN 782-1631
Geographical Area: CALIFORNIA counties of Alameda, Alpine,
Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte,
El Dorado Glenn, Humbolt, Inyo, Lake, Lassen, Marin, Mendocino,
Modoc, Mono, Napa, Nevada, Placer, Plumas, Sacramento,
San Joaquin, Santa Mateo, Santa Clara, Santa Cruz, Shasta,
Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama,
Trinity, Tuolumne, Yolo, and Yuba.

c. Fort Bliss Health Service Area: WBAMC, Patient
Administration Division, tel (915) 569-2220, DSN 979-2220.
Geographical Area: CALIFORNIA counties of Imperial, Riverside
San Bernardino, and San Diego.

8. CANADA

Fort Leonard Wood Health Service Area: MEDDAC, Patient Administration Division, tel (314) 596-9761, DSN 581-9761.

Geographical Area: Active duty Army personnel in Canada

9. CENTRAL AMERICA.

Panama Health Service Area: (MEDDAC, Patient Administration Division, tel DSN 313-282-5409).

Geographical Area: Active duty Army personnel in Central America.

COLORADO

a. Fort Carson Health Service Area: MEDDAC, Patient Administration Division, tel (719) 579-7250, DSN 691-7250.

Geographical Area: COLORADO counties of Adams, Arapahoe, Boulder, Denver, Gilpin, and Jefferson.

b. Fitzsimons Health Service Area: FAMC, Patient Administration Division, tel (303) 361-4392, DSN 943-4392

Geographical Area: COLORADO counties of Adams, Arapahoe, Boulder, Denver, Gilpin, and Jefferson.

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS.

Tripler Health Service Area: TAMC, Patient Administration Division, tel (800) 322-8262.

Geographical Area: Commonwealth of the Northern Mariana Islands.

12. CONNECTICUT

West Point Health Service Area: MEDDAC, Patient Administration Division, tel (914) 938-4839, DSN 688-4839

Geographical Area: State of CONNECTICUT.

DISTRICT OF COLUMBIA.

Walter Reed Health Service Area: WRAMC, Patient Administration Division, tel (202) 576-1134, DSN 291-1134

DELAWARE

Fort George G. Meade Health Service Area: MEDDAC, Patient Administration Division, tel (301) 677-5313.

Geographical Area: State of DELWARE.

15. FEDERATED STATES OF MICRONESIA

Tripler Health Service Area: TAMC, Patient Administration Division, tel (800) 322-8262.

Geographical Area: Federated States of Micronesia.

FLORIDA.

a. Fort Benning Health Service Area: MEDDAC, Patient Administration Division, tel (706) 544-8358, DSN 784-4358.

Geographical Area: FLORIDA counties of Columbia, Dixie, Franklin, Gadsen, Gilchrist, Hamilton, Jefferson, Lafayette, Leon, Liberty, Madison, Suwanee, Taylor, and Wakulla.

b. Fort Rucker Health Service Area: MEDDAC, Patient Administration Division, tel (205) 255-7234, DSN 558-7234.

Geographical Area: FLORIDA counties of Bay, Calhoun, Escambia, Gulf, Holmes, Jackson, Okaloosa, Santa Rosa, Walton, and Washington.

c. Fort Stewart Health Service Area: MEDDAC, Patient Administration Division, tel (912) 767-6723, DSN 870-6723.

Geographical Area: FLORIDA counties of Alachua, Baker, Bradford, Brevard, Broward, Charlotte, Citrus, Clay, Collier, Dade, DeSoto, Duval, Flagler, Glades, Hardee, Hendry, Hernando, Highland, Hillsborough, Indian River, Lake, Lee, Levy, Manatee, Marion, Martin, Monroe, Nassau, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Putnam, Sarasota, Seminole, St. Johns, St. Lucie, Sumter, Union, and Volusias.

GEORGIA.

a. Fort Gordon Health Service Area: DDEAMC, Patient Administration Division, tel (404) 791-3577, DSN 780-3577.

Geographical Area: GEORGIA counties of Baldwin, Banks, Barrow, Bartow, Burke, Butts, Carroll, Clark, Catoosa, Chatooga, Cherokee, Clayton, Cobb, Columniba, Coweta, Dade, Dawson, DeKalb Douglas, Elbert, Emanuel, Fannin, Fayette, Gloyd, Forsyth, Franklin, Fulton, Glascock, Gilmer, Gordon, Greene, Gwinette, Habersham, Hall, Hancock, Haralson, Hart, Heard, Henry, Jackson, Jasper, Jefferson, Jenkins, Johnson, Laurens, Lincoln, Lumpkin, Madison, McDuffie, Morgan, Murray, Newton, Oconee, Ogelthorp, Paulding, Pickens, Polk, Putnam, Rabun, Richmond, Rockdale, Screven, Spaulding, Stephens, Taliafero, Towns, Union, Walker, Walton, Warren, Washington, White, Whitfield, Wilkes, and Wilkinson.

b. Fort Benning Health Service Area: MEDDAC, Patient Administration Division, tel (706) 544-4358, DSN 784-4358.

Geographical Area: GEORGIA counties of Baker, Ben Hill, Berrien, Bibb, Blenchley, Brooks, Calhoun, Chattshoochee, Clay, Clinch, Colquitt, Cook, Crawford, Crisp, Decatur, Dodge, Dooly, Dougherty, Early, Echols, Grady, Harris, Houston, Irwin, Jones, Lamar, Lanier, Lee Lowndes, Macon, Marion, Meriwether, Miller, Mitchell, Monroe, Muscogee, Peach, Pike, Pulaski, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Troup, Turner, Twiggs, Upson, Webster, Wilcox, and Worth.

c. Fort Stewart Health Service Area: MEDDAC, Patient Administration Division, tel (912) 767-6723, DSN 870-6723.

Geographical Area: GEORGIA counties of Appling, Atkinson, Bacon, Brantley, Bryan, Bullock, Camden, Candler, Charlton, Chatham, Coffee, Effingham, Evans, Glynn, Jeff Davis, Liberty, Long, McIntosh, Montgomery, Pierce, Tattnall, Telfair, Toombs, Treutlen, Ware, Wayne, and Wheeler.

18. HAWAII.

Tripler Health Service Area: TAMC, Patient Administration Division, tel (800) 322-8262.

Geographical Area: State of HAWAII.

19. IDAHO

Fort Lewis Health Service Area: MAMC, Patient Administration Division, tel (206) 968-1631, DSN 782-1631.

Geographical Area: State of IDAHO

ILLINOIS

Fort Leonard Wood Health Service Area: MEDDAC, Patient Administration Division, tel (314) 596-9761, DSN 581-97810.

Geographical Area: State of ILLINOIS

INDIANA.

Fort Knox Health Service Area: MEDDAC, Patient Administration Division, tel (502) 624-9830, DSN 464-9830

Geographical Area: State of INDIANA.

22. IOWA.

Fort Leonard Wood Health Service Area: MEDDAC, Patient Administration Division, tel (314) 596-9761, DSN 581-9761.

Geographical Area: State of IOWA

KANSAS

a. Fort Leavenworth Health Service Area: MEDDAC, Patient Administration Division, tel (913) 684-6432, DSN 552-6432.

b. Fort Riley Health Service Area: MEDDAC, Patient Administration Division, tel (913) 239-7751, DSN 856-7751.

Geographical Area: KANSAS counties of Allen, Anderson, Barber, Barton, Bourbon, Bulter, Chase, Chautauqua, Cherokee, Cheyenne, Clark, Clay, Cloud, Coffey, Comanche, Cowley, Crawford, Decatur, Dickinson, Edwards, Elks, Ellis, Ellsworth, Finney, Ford, Franklin, Geary, Gove, Graham, Grant, Gray, Greely, Greenwood, Hamilton, Harper, Haney, Haskell, Hodgeman, Jewell, Kearny, Kingman, Kiowa, Labette, Lane, Lincoln, Linn, Logan, Lyon, Marion, McPherson, Meade, Miami, Mitchell, Montgomery, Morris, Morton, Neosho, Ness, Norton, Osage, Osborne, Ottawa, Pawnee, Phillips, Pottawotamie, Pratt, Rawlins, Reno, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Sedgwick, Seward, Shawnee, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Sumner, Thomas, Trego, Wabaunsee, Wallace, Washington, Wichita, Wilson, and Woodson.

24. KENTUCKY.

a. Fort Campbell Health Service Area: MEDDAC, Patient Administration Division, tel (502) 798-8386, DSN 635-8386.

Geographical Area: KENTUCKY counties of Ballard, Bulter, Caldwell, Calloway, Carlisle, Christian, Crittenden, Davies, Fulton, Graves, Henderson, Hickman, Hopkins, Livingston, Logan, Lyon, Marshall, McCracken, McLean, Muhlenberg, Ohio, Simpson, Todd, Trigg, Union, and Webster.

b. Fort Knox Health Service Area: MEDDAC, Patient Administration Division, tel (502) 624-9830, DSN 464-9830

Geographical Area: KENTUCKY counties of Adair, Allen, Anderson, Barren, Bath, Bell, Boone, Bourbon, Boyd, Boyle, Bracken, Breathitt, Breckinridge, Bullitt, Campbell, Carroll, Casey, Carter, Clark, Clay, Clinton, Cumberland, Edmondson, Elliott, Estill, Fayette, Fleming, Floyd, Franklin, Galastin, Garrard, Grant, Grayson, Green, Greenup, Hancock, Hardin, Harlan, Harrison, Hart, Henry, Jackson, Jefferson, Jassamine, Johnson, Kenton, Knott, Knox, Larue, Laurel, Lawrence, Lee, Leslie, Letcher, Lewis, Lincoln, Madison, Magoffin, Marion, Martin, Mason, McCreary, Meade, Menifee, Mercer, Metcalfe, Monroe, Montgomery, Morgan, Nelson, Nicholas, Oldham, Owen, Owsley, Pendleton, Perry, Pike, Powell, Pulaski, Robertson, Rockcastle, Rowen, Russell, Scott, Shelby, Spencer, Taylor, Triable, Warren, Washington, Wayne, Whitley, Wolfe, and Woodford.

25. LOUISIANA

Fort Polk Health Service Area: MEDDAC, Patient Administration Division, tel (318) 531-3172, DSN 863-3172.

Geographical Area: State of LOUISIANA.

26. MAINE

Fort Drum Health Service Area: MEDDAC, Patient Administration Division, tel (315) 772-4030, DSN 341-4030

Geographical Area: State of MAINE.

27. MARYLAND.

a. Fort Belvoir Health Service Area: MEDDAC, Patient Administration Division, tel (702) 805-0559, DSN 655-0559.

Geographical Area: MARYLAND Counties of Charles and St. Mary's.

b. Fort George G. Meade Health Service Area: MEDDAC, Patient Administration Division, tel (301) 677-5313, DSN 923-5313.

Geographical Area: MARYLAND Counties of Allegany, Anne Arundel, Baltimore, Baltimore City, Calbert, Caroline, Carroll, Cecil, Dorchester, Frederick, Garrett, Harford, Howard, Kent, Queen, Anne, Somerset, Talbot, Washington, Wicomico, and Worchester.

c. Walter Reed Health Service Area: WRAMC, Patient Administration Division, tel (202) 576-1134, DSN 291-1134.

Geographical Area: State of MARYLAND counties of Montgomery and Prince Georges.

28. MASSACHUSETTS.

West Point Health Service Area: MEDDAC, Patient Administration Division, tel (914) 938-4839, DSN 688-4839.

Geographical Area: State of MASSACHUSETTS.

MEXICO.

Fort Sam Houston Health Service Area: BAMC, Patient Administration Division, tel (210) 221-6029, DSN 471-6029.

Geographical Area: Active duty Army personnel in Mexico.

MICHIGAN

Fort Knox Health Service Area: MEDDAC, Patient Administration Division, tel (502) 624-9830, DSN 494-9830

Geographical Area: State of MICHIGAN

31. MINNESOTA

Fort Leonard Wood Health Service Area: MEDDAC, Patient Administration Division, tel (314) 596-9761, DSN 581-9761.

Geographical Area: State of MINNESOTA.

MISSISSIPPI.

a. Fort McClellan Health Service Area: MEDDAC, Patient Administration Division, tel (205) 848-2557, DSN 865-2557

Geographical Area: MISSISSIPPI counties of Adams, Amite, Clairborne, Clarke, Copiah, Covington, Forrest (including Camp Shelby), Franklin, George, Greene, Hancock, Harrison, Hinds, Jackson, Jasper, Jefferson, Jefferson Davis, Jones, Kemper, Lamar, Lauderdale, Lawrence, Leake, Lincoln, Madison, Marion, Neshoba, Newton, Pearl River, Perry, Pike, Rankin, Scott, Simpson, Smith, Stone, Walthall, Warren, Wayne, Wilkinson, and Yazoo.

MISSOURI.

a. Fort Leavenworth Health Service Area: MEDDAC, Patient Administration Division, tel (913) 684-6432, DSN 552-6432.

Geographical Area: MISSOURI counties of Andrew, Atchison, Buchanan, Caldwell, Carroll, Chariton, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Jackson, Lafayette, Linn, Livingston, Mercer, Nodaway, Platte, Putnam, Ray, Saline, Sullivan, and Worth.

b. Fort Leonard Wood Health Service Area: MEDDAC, Patient Administration Division, tel (314) 596-9761, DSN 581-9761.

Geographical Area: MISSOURI counties of Adair, Audrain, Barton, Bates, Cass, Benton, Bollinger, Boone, Bulter, Callaway, Camden, Cape Girardeau, Carter, Cedar, Christian, Clark, Cole, Cooper, Crawford, Dade, Dallas, Dent, Douglas, Dunklin, Franklin, Gasconade, Greene, Henry, Hickory, Howard, Howell, Iron, Jasper, Jefferson, Johnson, Knox, Laclede, Larry, Lawrence, Lewis, Lincoln, Macon, Madison, Maries, Marion, McDonald, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Newton, Oregon, Osage, Ozark, Pemiscot, Perry, Pettis, Phelps, Pike, Polk, Pulaski, Ralls, Randolph, Reunold, Ripley, Scott, Schuyler, Scotland, Shannon, Shelby, St. Clair, St. Charles, St. Francois, St. Louis, St. Louis (city), St. Genevieve, Stoddard, Stone, Raney, Vernon, Warren, Washington, Wayne, Webster, and Wright.

MONTANA.

Fort Lewis Health Service Area: MAMC, Patient Administration Division, tel (206) 968-1631, DSN 782-1631.

Geographical Area: State of MONTANA.

35. NEBRASKA.

Fort Riley Health Service Area: MEDDAC, Patient Administration Division, tel (913) 239-7745, DSN 856-7745

Geographical Area: State of NEBRASKA.

NEVADA.

Fort Lewis Health Service Area: MAMC, Patient
Administration Division, tel (206) 968-1631, DSN 782-1631.

Geographical Area: State of NEVADA.

37. NEW HAMPSHIRE.

Fort Drum Health Service Area: MEDDAC, Patient
Administration Division, tel (315) 772-4030, DSN 341-4030

Geographical Area: State of NEW HAMPSHIRE.

NEW JERSEY

Fort Monmouth Health Service Area: MEDDAC, Patient
Administration Division, tel (201) 532-0997, DSN 992-0997

Geographical Area: NEW JERSEY counties of Atlantic, Bergen,
Burlington, Camden, Cape May, Cumberland, Essex, Gloucester,
Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Ocean
Passaic, Salem, Somerset, Sussex, Union, and Warren.

NEW MEXICO.

Fort Bliss Health Service Area: WBAMC, Patient
Administration Division, tel (915) 569-2326, DSN 979-2326

Geographical Area: State of NEW MEXICO

NEW YORK.

a. Fort Drum Health Service Area: MEDDAC, Patient
Administration Division, tel (315) 772-4030, DSN 341-4030

Geographical Area: NEW YORK counties of Albany, Allegheny,
Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango,
Clinton, Columbia, Cortland, Delaware, Erie, Essex, Franklin,
Fulton, Genessee, Greene, Hamilton, Herkimer, Jefferson, Lewis,
Livingston, Madison, Monroe, Montgomery, Niagara, Oneida,
Onondaga, Ontario, Orleans, Oswego, Otsego, Rensselaer, Saratoga,
Schoharie, Schuyler, Seneca, Steuben, St. Lawrence,
Tioga, Tompkins, Warren, Washington, Wayne, Wyoming, And Yates.

b. Fort Monmouth Health Service Area: MEDDAC, Patient
Administration Division, tel (201) 532-0997, DSN 992-0997.

Geographical Area: NEW YORK counties of Bronx, Dutchess, Nassau,
New York City, Orange, Putnam, Queens, Richmond, Rockland,
Suffolk, Sullivan, Ulster, Westchester, and Yonkers.

NORTH CAROLINA.

Fort Bragg Health Service Area: WBAMC, Patient
Administration Division, tel (919) 432-8180, DSN 329-8180.

Geographical Area: State of NORTH CAROLINA.

NORTH DAKOTA.

Fort Bragg Health Service Area: MEDDAC, Patient
Administration Division, tel (719) 579-7250, DSN 691-7014

Geographical Area: State of NORTH DAKOTA.

OHIO.

Fort Knox Health Service Area: MEDDAC, Patient
Administration Division, tel (502) 624-9830, DSN 464-9830

Geographical Area: State of OHIO

OKLAHOMA.

Fort Sill Health Service Area: MEDDAC, Patient
Administration Division, tel (405) 351-0755, DSN 639-0755

Geographical Area: State of OKLAHOMA

OREGON.

Fort Lewis Health Service Area: MAMC, Patient
Administration Division, tel (206) 968-1631, DSN 782-1631.

Geographical Area: State of OREGON.

PENNSYLVANIA.

a. Fort George G. Meade Health Service Area: MEDDAC,
Patient Administration Division, tel (301) 677-5313, DSN
923-5313.

Geographical Area: State of PENNSYLVANIA (except Philadelphia
county).

b. Fort Monmouth Health Service Area: MEDDAC, Patient
Administration Division, tel (201) 532-0997, DSN 922-0997.

Geographical Area: PENNSYLVANIA county of Philadelphia

PUERTO RICO.

Fort Gordon Health Service Area: DDEAMC, Patient Administration Division, tel (404) 791-3577, DSN 780-3577.

Geographical Area: Island of Puerto Rico

REPUBLIC OF MARSHALL ISLANDS

Tripler Health Service Area: TAMC, Patient Administration Division, tel (800) 322-8262.

Geographical Area: Republic of Marshall Islands.

RHODE ISLAND.

West Point Health Service Area: MEDDAC, Patient Administration Division, tel (914) 938-4839, DSN 780-4839

Geographical Area: State of RHODE ISLAND

SOUTH CAROLINA

a. Fort Gordon Health Service Area: DDEAMC, Patient Administration Division, tel (404) 791-3577, DSN 780-3577.

Geographical Area: SOUTH CAROLINA counties of Abbeville, Aiken, Allendale, Anderson, Barnwell, Edgefield, Greenville, Greenwood, Hampton, Laurens, McCormick, Oconee, Pickens, Saluda, and Spartanburg.

b. Fort Jackson Health Service Area: MEDDAC, Patient Administration Division, tel (803) 751-2325, 734-2325.

Geographical Area: SOUTH CAROLINA counties of Bamberg, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Collington, Darlington, Dillon, Dorchester, Fairfield, Florence, Georgetown, Horry, Kershaw, Lancaster, Lee, Lexington, Marion, Marlboro, Newberry, Orangeburg, Richland, Sumter, Union, Williamsburg, and York.

c. Fort Lewis Health Service Area: MEDDAC, Patient Administration Division, tel (912) 767-6723, DSN 870-6723.

Geographical Area: SOUTH CAROLINA counties of Beaufort and Jasper.

SOUTH DAKOTA.

Fort Carson Health Service Area: MEDDAC, Patient Administration Division, tel (719) 579-7250, DSN 691-7250.

Geographical Area: State of SOUTH DAKOTA

SOUTH AMERICA.

Panama Health Service Area: MEDDAC, Patient Administration Division, tel (313) 282-5409.

Geographical Area: Active duty Army personnel in SOUTH AMERICA

53. TENNESSEE.

Fort Campbell Health Service Area: MEDDAC, Patient Administration Division, tel (502) 798-8386.

Geographical Area: State of TENNESSEE.

TEXAS.

a. Fort Bliss Health Service Area: WBAMC, Patient Administration Division, tel (915) 569-2326, DSN 979-2326

Geographical Area: TEXAS counties of Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Loving, Pecos, Presidio, Reeves, Terrell, Ward, and Winkler.

b. Fort Hood Health Service Area: MEDDAC, Patient Administration Division, tel (817) 288-8350, DSN 738-8350

Geographical Area: TEXAS counties of Anderson, Andrews, Angelina, Archer, Armstrong, Bailey, Baylor, Bell, Borden, Bosque, Bowie, Brazos, Brisco, Brown, Burleson, Burnet, Callahan, Camp, Carson, Cass, Castro, Cherokee, Childress, Clay, Cochran, Coleman, Collin, Collingsworth, Coke, Comanche, Concho, Cooke, Coryell, Cottle, Crane, Crockett, Crosby, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, Dickens, Donley, Eastland, Ector, Ellis, Erath, Falls, Fannin, Fisher, Floyd, Foard, Franklin, Freestone, Gaines, Garza, Glasscock, Gray, Grayson, Gregg, Grimes, Hale, Hall, Hamilton, Hansford, Hardeman, Hardin, Harrison, Hartley, Haskill, Hemphill, Henderson, Hill, Hockley, Hood, Howard, Houston, Hunt, Hutchinson, Irion, Jack, Jasper, Johnson, Jones, Kaufman, Kent, Kimble, King, Knox, Lamar, Lamb, Lampasas, Leon, Limestone, Lipscomb, Llano, Lubbock, Lynn, Madison, Marion, Martin, Mason, McCullough, McLennon, Menard, Midland, Milam, Mills, Mitchell, Montague, Montgomery, Moore, Morris, Motley, Nacogoches, Navarro, Newton, Nolan, Ochiltree, Oldham, Palo Pinto, Panola, Parker, Parmer, Polk, Potter, Rains, Randall, Reagan, Red River, Roberts, Robertson, Rockwall, Runnels, Rusk, Sabine, San Augustine, San Jacinto, San Saba, Schleicher, Scurry, Schackelford, Shelby, Sherman, Smith, Somervell, Stephens, Sterling, Stonewall, Sutton, Swisher, Tarrant, Taylor, Terry, Throckmartin, Titus, Tom Green, Trinity, Tyler, Upshur, Upton, Van Zandt, Walker, Washington, Wheeler, Wichita, Wilbarger, Williamson, Wise, Wood, Yoakum, and Young.

c. Fort Sam Houston Health Services Area: BAMC, Patient Administration Division, tel (210) 221-6029, DSN 471-6029.

Geographical Area: TEXAS counties of Arkansas, Atascosa, Austin, Banders, Bastrop, Bee, Bexar, Blanco, Brazoria, Brooks, Caldwell, Calhoun, Cameron, Chambers, Colorado, Comal, DeWitt, Dimmit, Duval, Edwards, Fayette, Fort Bend, Frio, Galveston, Gillespie, Goliad, Gonzales, Guadalupe, Harris, Hays, Hidalgo, Jackson, Jefferson, Jim Hoog, Jim Wells, Karnes, Kendall, Kenedy, Kerr, Kinney, Kleberg, LaSalle, Lavaca, Lee, Liberty, Live Oak, Matagorda, Maverick, McMullen, Medina, Nueces, Orange, Real, Refugio, San Patricio, Starr, Travis, Uvalde, Val Verde, Victoria, Waller, Webb, Wharton, Willacy, Wilson, Zapata, and Zavala. Active duty Army personnel in Mexico.

TRUST TERRITORIES OF THE PACIFIC ISLANDS

Tripler Health Service Area: TAMC, Patient Administration Division, tel (800) 322-8262.

Geographical Area: Trust Territories of the Pacific Islands except the Marianas Islands.

56. UTAH

a. Fort Carson Health Service Area: MEDDAC, Patient Administration Division, tel (719) 579-7250, DSN 691-7205.

Geographical Area: State of UTAH, except Dugway Proving Ground, Ogden Defense Depot, Fort Douglas, and Tooele Army Depot.

b. Fitzsimons Health Service Area: FAMC, Patient Administration Division, tel (303) 361-4392, DSN 943-4392

Geographical Area: UTAH (installations), Dugway Proving Ground, Ogden Defense Depot, Fort Douglas, and Tooele Army Depot.

57. VERMONT

Fort Drum Health Service Area: MEDDAC, Patient Administration Division, tel (315) 772-4030, DSN 341-4030

Geographical Area: State of VERMONT

VTRGTN ISLANDS.

Fort Gordon Health Service Area: MEDDAC, Patient Administration Division, tel (404) 791-3577, DSN 780-2933.

Geographical Area: Active duty Army personnel in the Virgin Islands.

59. VIRGINIA

a. Fort Belvoir Health Service Area: MEDDAC, Patient Administration Division, tel (703) 805-0559, DSN 655-0559.

Geographical Area: VIRGINIA counties of Caroline, Culpepper, Fauquier, Greene, King George, Lancaster, Madison, North Cumberland, Orange, Page, Price William, Rappahannock, Richmond, Rockingham, Shenandoah, Spotsylvania, Stafford, Warren, and Westmoreland.

b. Fort Eustis Health Service Area: MEDDAC, Patient Administration Division, tel (804) 878-2309, DSN 927-2309.

Geographical Area: VIRGINIA independent cities of Bedford, Bristol, Buena Vista, Charlottesville, Clifton Forge, Colonial Heights, Covington, Danville, Emporia, Galaze, Hopewell, Lexington, Lynchburg, Martinsville, Norton, Petersburg, Radford, Richmond, Roanoke, Salem, South Boston, Staunton, and Waynesboro. VIRGINIA counties of Albermarle, Alleghany, Amelia, Amherst, Appomattox, Augusta, Bath, Bedford, Bland, Botetourt, Brunswick, Buchanan, Buckingham, Campbell, Carroll, Charles City, Charlotte, Chesterfield, Craig, Cumberland, Dickenson, Dinwiddie, Essex, Floyd, Fluvanna, Franklin, Giles, Goochland, Grayson, Greenville, Halifax, Hanover, Henrico, Henry, Highland, King and Queen, King William, Lee, Louisa, Lunenburg, Mecklenburg, Montgomery, Nelson, New Kent, Nottoway, Patrick, Pittsylvania, Powhatan, Prince Edward, Prince George, Pulaski, Roanoke, Rockbridge, Russell, Scott, Smyth, Surry, Sussex, Tazewell, Washington, Wise, and Wythe.

c. Fort George G. Meade Health Service Area: MEDDAC, Patient Administration Division, tel (301) 677-5313, DSN 923-5313.

Geographical Area: VIRGINIA counties of Accomack, Clarke, Frederick, Loudoun, and Northampton.

d. Walter Reed Health Service Area: MEDDAC, Patient Administration Division, tel (202) 567-1134, DSN 291-1134.

Geographical Area: VIRGINIA cities of Alexandria and Fairfax. VIRGINIA counties of Arlington and Fairfax.

60. WASHINGTON.

Fort Lewis Health Service Area: MAMC, Patient Administration Division, tel (206) 968-1631, DSN 782-1631.

Geographical Area: State of WASHINGTON.

WEST INDIES.

Panama Health Service Area: MEDDAC, Patient Administration Division, tel 313-282-5409.

Geographical Area: Active duty Army personnel in the West Indies Islands.

WEST VIRGINIA.

a. Fort Belvoir Health Service Area: MEDIDAC, Patient Administration Division, tel (703) 805-0559, DSN 655-0559.

Geographical Area: WEST VIRGINIA, less counties of Berkeley, Hampshire, Jefferson, Mineral, and Morgan.

b. Fort George G. Meade Health Service Area: MEDDAC, Patient Administration Division, tel (301) 677-5313, DSN 923-5313.

Geographical Area: WEST VIRGINIA counties of Berkeley, Hampshire, Jefferson, Mineral, and Morgan.

WISCONSIN

Fort Leonard Wood Health Service Area: MEDIDAC, Patient Administration Division, (314) 596-9761, DSN 581-9761.

Geographical Area: State of WISCONSIN.

WYOMING

Fort Carson Health Service Area: MEDDAC, Patient Administration Division, tel (719) 579-7250, DSN 691-7250

Geographical Area: State of WYOMING.

APPENDIX B

HSC DENTACS (Alpha Order)

USA DENTAC - ALASKA

Fort Wainwright, AK 99703-7300

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 317 353-5530/1
(907) 353-5514
FAX DSN 317-353-5576
(907) 353-5576

USA DENTAC - FORT BELVOIR

9500 Hall Road, Suite 100
Fort Belvoir, VA 22060-5528

Must use 5 line address or mail will not be delivered

Commander
Chief Dental NCO
Secretary

DSN 656-3880
(703) 806-3052/3380
FAX (703) 806-4376

USA DENTAC - FORT BENNING

Fort Benning, GA 31905-6100

Commander
Executive Officer

DSN 784-1613/2118/3955
(706) 544-3955/4

Chief Dental NCO
Secretary

FAX DSN 784-1746
(706) 544-1746

USA DENTAC - FORT BLISS

Fort Bliss, TX 79920-5001

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 978-5001
(915) 568-4706
FAX DSN 978-5174
(915) 568-5174

USA DENTAC - FORT BRAGG

Fort Bragg, NC 28307-5000

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 236-2607/9483
(919) 396-6602/9483
FAX DSN 236-7017
(919) 396-7017

257th MEDICAL COMPANY (DS) (FORSCOM)
Fort Bragg, NC 28307-5000

Commander
Executive officer
1st Sergeant

DSN 236-7144
(919) 396-8921
FAX DSN 236-7017

USA DENTAC - FORT CAMPBELL
Fort Campbell, KY 42223-1498

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 635-3018
(502) 798-4110
FAX DSN 635-8633
(502) 798-8633

USA DENTAC - FORT CARSON
Fort Carson, CO 80913-5000

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 691-2006
(719) 579-2877
FAX DSN 691-5551
(719) 579-5551
FAX - DUAL LINE-
CALL FTRST

USA DENTAC - FORT DEVENS
Fort Devens, MA 01433-6401

Commander
Chief Dental NCO
Secretary

DSN 256-2434/3040
(508) 796-2434
FAX DSN 256-6762
(508) 796-6762

USA DENTAC - FORT DRUM
Fort Drum, NY 13602-5005

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 341-4341/8849/50
(315) 772-4341/2/8884
FAX DSN 341-9692
(315) 772-9692

USA DENTAC - FORT EUSTIS
Fort Eustis, VA 23604-5569

Commander/TRADOC
Dental Surgeon
1st Sergeant
Secretary

DSN 927-5500
(804) 878-5854/5848
FAX DSN 927-5180
(804) 878-5180

USA DENTAC - FITZSIMONS
Aurora, CO 80045-7000

Commander
Chief Dental NCO
Secretary

DSN 943-3149/8810
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FAX DSN 943-3872
FAX (303) 361-3872

USA DENTAC - FORT GORDON
Building 322
Fort Gordon, GA 30905-5660

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 780-5738
(706) 791-5719
FAX DSN 780-7047
(706) 791-7047

USA DENTAC - FORT HOOD
Fort Hood, TX 76544-5063

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 737-3105
(817) 287-2705
737-5304
FAX DSN 737-1786
(817) 287-1786
Hosp FAX 8827

502d Medical Company (FORSCOM)
Fort Hood, TX 76544-5063

Commander
Executive Officer

(817) 287-1931
DSN 737-1931

USA DENTAC - FORT HUACHUCA
Fort Huachuca, AZ 85613-7040

Commander
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Senior Dental NCO
Secretary

DSN 821-3144
(602) 533-3145
FAX DSN 879-2129

USA DENTAC - FORT IRWIN
Fort Irwin, CA 92310-5065

Commander
Chief Dental NCO
Secretary

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(619) 386-4999
FAX DSN 470-4996
(619) 386-4996
Hosp FAX 5389

USA DENTAC - FORT JACKSON
Fort Jackson, SC 29207-5780

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Executive Officer
Chief Dental NCO
Secretary

DSN 734-6213/4672/7027
(803) 751-5821
FAX DSN 734-6886
(803) 751-6886

USA DENTAC - FORT KNOX
Fort Knox, KY 40121-5520

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 464-3754/2829/6049/
6861
(502) 624-2829
FAX DSN 464-2966
FAX DSN (502) 624-2966

FORT BENJAMIN HARRISON - DENTAL SERVICE
Fort Benjamin Harrison, IN 42616-7200

DSN 699-5142
(317) 549-5146
FAX 699-2128

USA DENTAC - FORT LEAVENWORTH
Fort Leavenworth, KS 66027-5410

Commander
Executive Officer
Chief Dental NCO
Secretary

DSN 552-4603
(913) 684-4192
FAX DSN 552-6609
(913) 684-6609
Hosp FAX 7671

USA DENTAC - FORT LEE
Fort Lee, VA 23801-5270

Commander
Executive Officer
Chief Dental NCO
Secretary

DSN 687-0614/5/6/7
(804) 734-9615
FAX (804) 734-4982

USA DENTAC - FORT LEONARD WOOD
Fort Leonard Wood, MO 65473-5575

Commander
Executive Officer
Chief Dental NCO
Secretary

DSN 581-6195
(314) 596-6185
FAX DSN 581-1048
(314) 596-1048

USA DENTAC - FORT LEWIS
Fort Lewis, WA 98431-5020

Commander
Executive Officer
Senior Dental NCO
Secretary

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(206) 967-6302
FAX DSN 357-4747
(206) 967-4747

USA DENTAC - FORT McCLELLAN
Fort McClellan, AL 36205-5082

Commander
Executive Officer
Chief Dental NCO
Secretary

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FAX (205) 848-2151

USA DENTAC - FORT MEADE
Fort Meade, MD 20755-5700

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Senior Dental NCO
Secretary

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3801
FAX DSN 923-3708
(301) 677-8574

USA DENTAC FORT MONMOUTH
Fort Monmouth, NJ 07703-5504

Commander
Chief Dental NCO
Secretary

DSN 992-7060
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MEDDAC FAX 992-2089

USA DENTAC - FORT ORD
Fort Ord, CA 93941-5000

Commander
Executive Officer
Chief Dental NCO
Secretary

DSN 929-7691
(408) 242-5315
FAX DSN 929-7369
(408) 242-7369

USA DENTAC - PANAMA
UNIT 7139, ATTN: HSBU-CO
APO AA 34004-5000

Commander
Executive
Senior Dental NCO
Secretary

011-507-825-331/345/616/321
FAX 011-507-825-616

USA DENTAC - FORT POLK
Fort Polk, LA 71459-6050

Commander
Executive Officer
Chief Dental NCO
Secretary

DSN 863-4705
(318) 531-2603
FAX DSN 863-6506
(318) 531-6506

USA DENTAC - PRESIDIO OF SAN FRANCISCO
Presidio of San Francisco, CA 94129-6700

Commander
Chief Dental NCO
Secretary

DSN 586-3922
(415) 561-5220
FAX DSN 586-5470

USA DENTAC - REDSTONE ARSENAL
Redstone Arsenal, AL 35809-7000

Commander
Chief Dental NCO
Secretary

DSN 746-2530/6860/8564
(205) 876-8564
FAX DSN 645-8044
(205) 955-8044

USA DENTAC - FORT RILEY
Fort Riley, KS 66442-5043

Commander
Executive Officer
Senior Dental NCO
Secretary

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4512
(913) 239-4428/9252
FAX DSN 856-5341
(913) 239-5341

USA DENTAC - FORT RUCKER
Fort Rucker, AL 36362-5350

Commander
Executive Officer
Chief Dental NCO
Secretary

DSN 558-6411/4528
(205) 255-4623
FAX DSN 558-4613
FAX (205) 255-4623

USA DENTAC - FORT SAM HOUSTON
Fort Sam Houston, TX 78234-6200

Commander
Executive Officer
Chief Dental NCO
Secretary

DSN 471-3942
(210) 221-3935
FAX (210) 221-4290
(512) 221-3942

USA DENTAC - FORT SILL
Fort Sill, OK 73503-6300

Commander
Executive Officer
Senior Dental NCO
Secretary

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FAX DSN 639-0069
(405) 351-0069

USA DENTAC - FORT STEWART
Fort Stewart, GA 31314-5225

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 870-8137
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FAX DSN 870-5425
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USA DENTAC - DC #3
ATTN: HUNTER ARMY AIRFIELD
Savannah, GA 31409

DSN 971-5779
(912) 352-5417

USA DENTAC - WALTER REED
Walter Reed Army Medical Center
Washington, DC 20307-5400

Commander
Executive Officer
Senior Dental NCO
Secretary

DSN 291-3704
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FAX DSN 291-0307
(202) 576-0307

USA DENTAC - WEST POINT
West Point, NY 10996-1782

Commander
Chief Dental NCO
Secretary

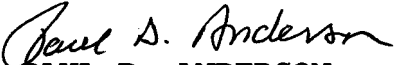
DSN 688-4212
(914) 938-4611
FAX DSN 688-4302
(914) 938-4302

(MCCS-PS)

FOR THE COMMANDER:

OFFICIAL:

CHARLES E. DYER, II
COL, MS
Secretary of the General Staff


PAUL D. ANDERSON
CPT, MS
Adjutant General

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